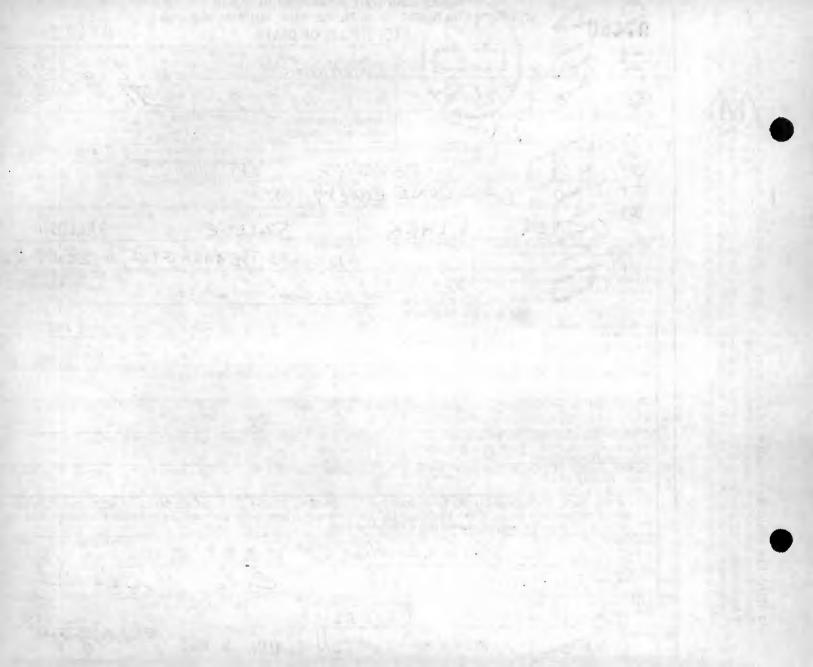
1_0	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	(	07471	
HEALTH DEPT.		ECEASED-NAME First Middle Lost 2a, DATE KNOW	WN Month	Day Year	26. 20 R
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	226. SIGNATURE  STAFF DEGREE ATTENDING MED. STAFF DIRECTOR DIRECTO	
	Page 4 may To FUNERAL I director, page	23a. BURIAL (REMATION, BURIAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Suitland Pr. Geo. Md.
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_	MARYLAND STATE DEPARTMENT OF HEALTH	
i	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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The affice of the post of the	CERTIFICATION			YES NO	CAUSES OF DEATH?	
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AL C		22d PHYSICIANS	(1200)	22e ADDRESS	=11-211	
SPII 4ER/ Gr.	L	NAME (Type)	KRECH!	VR 1	= MJ70N	mia 1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-trans, shauld be filed with the State Dept. af Health priar ta burial, cre	230	BURIAL, CREMATION, 23 REMOVA. (Specify)	b. DATE, 23c NAME	OF CEMETERY OR CREMATORY	23d OCATION (City or Town)	(Caunty) (State)
5 5 5 5	1	URIAL	5/18/1964 WOOT		KIEASTON /	1.
VR AIS DUN	24	FUNERAL DIRECTOR	ADDRI John No.	SS LASTA, Wel DATA		
45M - 1706	4	autice Min	Jennam-1 31	CAS PAI, WICE DATIN	AY 2 1 1959 Pelis	was judge.



1	07486 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	07478
Leath. neral and 2 death.	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Peter France Chandor.  2a. DATE OF DEATH Shorth 30 Doy 196	2b. HOUR
haus after death by the funeral has after death	3. SEX Male 4. RACE S. DATE, OF BIRTH OS. DATE, OF	DER 1 YEAR IF UNDER 24 HRS. S OAYS HOURS MIN,
in 24 h=urs	7a. BIRTHPLACE (State or foreign country) France  7b. CITIZEN OF WHAT COUNTRY?  WIDOWED NEVER MARRIED 9 COUNTY OF DEATH  Talbot	Md.
requires that the death certificate be executed within 24 haurs after leath a physician.  signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or removal, and in anywevent, within 72 haurs after death a burial, cremation, or removal.	Easton (rural) giveGyreshiss/Marsh during most pirethrophie, even if retired.) IND	EXIND OF BUSINESS OR DUSTRY
complet comple	odmission) STATE Md. 13b COUNTY Talbot Easton 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Green Marsh	
ab ex	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN LAME First Middle Wary Albert Middle	Lost
ertificate be exphysician and in ar	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. of yurknown) ("Vyrygywacy of yes of service) 230-46-9005 Dr. (.R.W. Bain, Easton, Md.	APPROXIMATE INTERVAL
he death cer ottending p permit. The	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CORON PRY THE ROLL SOSIS	BETWEEN ONSET AND DEATH  50 DAYS
at the d the att sit pen mation,	Conditions, if ony, which gove (a), (b)	
equires that the physician. signed by the buriel-transit p buriel, cremation	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	PRES. IN CONTENTIO
The lart attent of the series	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18	
HYSICIAN: The law re hospital or attending s certificate has been ached for use as the ept of Health prior to	G III either, natify medical examiner) P.M. Month Day Year	
IG PHY the hour this control detack	While Not while of work at work at work	,
SPITAL OR ATTENDING PI 4 may be retained by the IERAL DIRECTOR: After this or, page 3 should be deter id be filled with the State De	22a. I certify that (I) (this hospital) attended the deceased from 12c 1275 FR 19 64, to 1744 2914, 19 64 saw the deceased alive an 144 2914 19 64, and that in (my) (aur) apinion death accurred an the date an causes stated abave, (I) (we) (did) (did nat) view the bady after death.	d haur and fram the
OR AI ORRECTO DIRECTO	226. SIGNATURE  COURSON DEGREE PHYS DIRECTOR STAFF 22c. DATI SI  STAFF SIGNATURE	1GNED /69
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the hospital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician—and completely in director, page 3 should be detached for use as the buricli-fransit permit. Then please remove carbon should be filled with the State Dept of Health prior to burial, cremation, or removal, and in anywent, with	22d. PHYSICIANS NAME (Type) CRWBAIN 220. ADDRESS 210 DOVER, EASTON	N, Md.
TO HOS	Divention of 3/1969 Greenmount Battimore, Md.	unty) (State)
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			07488	DIVISION OF VITAL RECORDS,			E, MARYLAND 21201	7480
		L			CERTIFICATE OF D	EATH	0.7	400
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	₹1∧33%	1	Tale	Negro ·	Febru	ary 2,	1 1 1 Last Withday) yRS	MONTHS DAYS HOURS MIN
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	within 24 hau ely filled in b ban papers within 72 hou	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITA, OR IN	ST. TUTION (If not in hospital	12a USUAL OCCI	JPATION (Kind of work dane working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY NY ON O
	d with	-	CRUSTO	7 /2/4	arrual		<b>~</b> -	Modstry None
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	t the sit sit said		Conditions, if any, which gove inse to immediate cause (a),	(b)		V		
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	PH) e ho his d his d Dep		While my Nat white my	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	217 LUCATION STREET O	or R.F.D. No.	City or Town	County State
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	d b d b d b d b d b d b d b d b d b d b		saw the deceased al	s hospitol) ottomed the deceose	9 and that n (my)	(gur) apinian d		te and hour and from the
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in the state Dept.	П	NAME (Type)	KRECH	JR. 220. ADDRES	EAS	TON 1	ud.
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	VR AGNO	24	EUNERAL DIRECTOR	Juneral Mon	e 11. 25	o. REC'D BY REG S	TRAR 25b REGISTRARS	
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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
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hosp hosp certicities that	ME		21e. PLACE OF INJURY (		21f. LOCATION Street	et or R.F.D. No.	City or Town	County Stote
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OR ATTENI be retoined DIRECTOR: A je 3 should ed with the		226 SIGNATURY	11/1/1	11/1	ATTENDI	LG - MED	STAFE 22¢ D	DATE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICEN: Poge 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us		PHYSICIAN'S R.	Lane Wroth	М.	.D. 22e AS	k,Michael	s, Md. 5/	/22/69
HO. Dge of Fun houl	230	BUR AL, OREMATION, REMOVAL (Specify)	23b DATE	23c NAME OF CEN	METERY OR CREMATORY	23d	LOCAT ON (City or Town)	(County) (State)
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VR A15 1	24	FUNEPAR PIRECTOR	26	BUDKESS	1 mc-	250 RECD BY REG	1969 PCLC	S,GNATURE
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	1	MARYLAND STATE DEPARTMENT OF HEALTH  OF TAGE  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	-	U + TU !!	07482
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2g DATE KNOWN Month	Day Year 26 HOUR
af age	(	Type or Print) Grace Cleveland Davis  OF ESTI- DEATH MATED MY 26	7 (1) GAY N
delay and 3 13. Paj	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE In years 5 LINDER, YEAR IF JINDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
	_	Female White 5/21/1886 82 YRS	(1) Year 196 9 M
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s offer 18. Give a clong 2 with death.	٥	USUAL RESIDENCE (Where deceosed lived if institute on Pes dence before 13c. CITY OR TOWN YES X NO STREET AND NUMBER Country albox Easton YES X NO Science St	treet
hours frem 1 Office offerd	14 8	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	L	George M. Thomas Elizabeth E. Conkran	
thin 24 encel in minetic pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (6s, na, ar unknawn) (If yos give war or datus of service) 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 220-46-51797 Wendell Davis, Easton, Md."	
I will be Exar	$\vdash$		APPROXIMATE INTERVAL
executed nding" ir Medical I permit.		18. CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c))  PARY I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  **Technology of the control of	BETWEEN ONSET AND DEATH
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"pee "pee inef		Canditions, if any, which gave	
ord		rise to immediate cause (a), (b)  DUE TO, OR AS A CONSEQUENCE OF	
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ficate ing th ded 1 as a f, and	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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bical Examiner: Tiles execute the certifica set execute the certifica star. Page 4 shauld be ned far your files.  ECTOR: Page 3 shauld Is a burial, crematian, ar		WHILE AND WH. E factory, office building, etc)  WHILE AND WH. E factory, office building, etc)  WHILE AT WORK	Select God
EX Becute Page or y R: Po al, c		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection F. Inquiry	ond in my apinion
tCAL Executor. Page ed far sector. Page ed far		death resulted fram: Natural causes, Accident, Suicide, Homicide Undetermined monner	J. Ond at thy apparent
please I direct retaine DIREC		CAME MERCH PARAMETER	
y, please y, please stain direct sal DIRE prior to			signed, 1969
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type) Howard F. Kinnamon M.D.  DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, fawn, ar caunty)	IA 0°TA0A
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health, pr	23a		(Caunty) (State)
		BURIAL CREMATION, 236 DATE 1969 234 NAME OF CEMETERY OF CREMATORY 23d LOCAT ON (City or Town) Caston, No.	(ceault) (neel
VR A15ME (5)	24	HURDLE E. NEUWAM & SON, Easton, Md. 250 RECUBY REGISTRAR 1969 REGISTRAR B 1969	SIGNATUR O
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1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07483
FOR STATE	_	MEDICAL EXAMINERS CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED NAME Type or Print)  Henry  Sladetone  Congressed Date KNOWN Manth OF ESTI- DEATH MATED 5	Day Year 25 HOUR 26 1969 120M
ny deloy 2, and 3 PM3. Pog	3 S	4 RACE S DATE OF BIRTH 6 AGE (in years if under year if un	Yeor 12:2
\$ 10 m		B RTHPLACE (Stote or foreign 70) 7b. CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 69 P.M
form form	149	Thumberland Co.U S A WIDOWED DIVORCED Talbot	AA -A
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after death 8 Give Pages along with fa with the State eath.		Laston D. O. A. Afem or 1 a Hospital Vice. Pres. Paper	ManffCo.
		USUAL RESIDENCE (Where deceased lived, if institut an Residence before ISC CITY OR TOWN    136	Ave.
		FATHERS NAME First Middle Lost 15. MOTHER'S MA DEN NAME First Middle  Dr. William Henry Edwards Elizabeth Cockrell	Last
within 24 in pencil in Examiner's File pages	16a.	Was deceased ever in U.S. armed Forces?  16b Social Security No.  17 INFORMANT  18c Elizabeth T. Edwards Wift  18c Elizabeth	'e)
be executed pending" in hief Medical Earst permit. Fevent within		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)  PART I. DEATH WAS CAUSED BY.  4109  Candilians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c) 2311230411 Exocis.	AFFROX.MAIE INTERVA. BETWEEN ONSET AND DEATH
ertificate should writing the ward rwarded ta the Cl sed as a burial-tr iaval, and in any	×	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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	MEC	21d INJURY OCCURRED  WHILE AT WORK AT WORK  21e, P.ACE OF INJURY (At home, farm, street, factory, affice building, etc.)  21f LOCATION Street at R.F.D. No.  City at Tawn	County State
o DEPUTY SICAL EXAMINER: necessary, please execute the certi the funeral director. Page 4 shauld 5 may be retained far your files. 0 FUNERAL DIRECTOR: Page 3 shaul Health prior to burial, cremation,		22a. I certify that I took charge of the remains described abave, held an Autopsy Inspection Inspection Inquiry death resulted from Natural causes Accident Suicide Homicide Homicide Undetermined manner  ACTUAL SIGNATURE ACSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, cty, tawn, ar caunity)	_
10 the	23a	BURIA, CREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(Caunty) (State)
0 8		Burial May 28/1969 Parsons Cemetery Salisbury, Mary	land
	l l	FUNERAL DIRECTOR ADDRESS 2SG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	
VR A15ME\(S) 1	LH	IOLLOWAY & COMPANY SALISBURY, MARYLAND DAIMAY 2 8 1969 ICHON	las Judge

v.

1	-	MARYLAND STATE DEPARTMENT OF HEALTH  OTA OP DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		07492 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07484
HEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN Month	
ny defay is 2 and 3 to PM3. Poge		Mary Elsie Edwards DEATH MATED 5	10 169 2A M
elay d 3 . Po . Po	3 S	inst highery) MONTHS DAYS MONES Male	2d HOUR
ny delay 2 and 3 PM3. Pog		emale   White   7-15-1891   77 YRS         5 00 1	O Year 1969 M
- 8-0		BIRTHPLACE (State or foreign 76 CHTZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH  TYPE AND U.S.A. WIDOWED DIVORCED 73 bot:	
ges aferate	10 s	Tryland U.S.A. WIDOWED DIVORCED Talbot  ITY OR TOWN OF DEATH  II. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a. USUAL OCCUPAT ON (Kind of work done	Md.
ter death Give Poges 1 ang with farg ith the State D		Later and a state of the state	INDUSTRY
ofter death  8. Give Pages 1, clong with farm with the State Deeth.	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
18. Gir	0	down such State and Sunset Ave.	
24 hours o in Item 18. r's Offfice of est I and 2	14	ATHERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle John Harvey Coursey Mable Laura Williams	Lost
hin 24 hours note in them I niner's Office pages I and 2 haurs offer o			
d within in pencil Examine File pagi	100.	WAS DECEASED EVER IN U.S. ARMED FORCES?    des no, or Linknown)   (Hyes give war or dates of service)   16b SOCIAL SECURITY NO   17 INFORMANT ADDRESS   220-03-5087B Alvin Edwards Greensb	oro, Md.
ed wit in per 1 Exan 1. File iin 72		18 CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E. onsit permit. F event within		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10.3
ext ent ent		DUE TO, OR AS A CONSEQUENCE OF	
d be d 'p Chie rrons		Conditions, if only, which gave (b) Farling ism frier recleratio	15 yr:
INER: This certificate should be executed within 24 hours ofter death e certificate, writing the word "pending" in pencil in Item 18. Give Pogi should be forwarded to the Chief Medical Examiner's Office along with files 3 should be used as a burial-transit permit. File pages I and 2 with the Station, or removal, and in any event within 72 haurs ofter death.		stating the underlying cause Dut to, or as a constructive or lost.	- C -
LCAL EXAMINER: This certificate is execute the certificate, writing the for Page 4 should be forwarded to ad far your files CTOR: Page 3 should be used as a burial, cremation, or removal, and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
tificantificantificante	₹	in a real of the first and a contract of the	
INER: This certificate, writ should be forwar files 3 should be used outlon, or removo	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?  YES NO A
This c ricote, be for be for rem	CEXT.	21a EXTERNAL CAUSE WAS 21b. T ME OF IN. JRY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1	
ER: ertiff ould on,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. TO 19 FOR 1 CONTRIBUTING DE HOUR A.M. TO 19	,
	星	2 d IN, JRY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or RFD No. City or Fawn	County State
XAN Jite 1 ge 4 you Poge cre		AT WORK LAT WORK LED 1 1 Mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DEPUTY  Stessary, please execute the cer of funeral director Page 4 shou may be retained far your files FUNERAL DIRECTOR: Page 3 sho eolth prior to burial, cremation		22a   certify-that I took charge of the remains described above, heid an Autapsy [], Inspection [X], Inquiry [	
UTY Blose ery, please ery be retained RAL DIRECTOR		death resulted from: Natural causes 🖾, Accident 🖾, Suicide 🔝, Hamicide 🔝, Undetermined manner	
Try please by please be retaine RAL DIRECT PRIORECT TO FINAL PRINCE PRIORECT TO E		ACTUAL  SIGNATURE  M.D. ASS STANT MEDICAL EXAMINER   22b DATE  22b DATE	E SIGNED
UTY Dary, Thero be be Pri		SIGNATURE ASS STANT MEDICAL EXAMINER DEPUTY MED CAL EXAMINER DEPUTY MED CAL EXAMINER	/1.//:
necessary, party function of the function of t		NAME (Type) Harold B. Plummer M.D. ADDRESS(Street, city, town, or county)	. 4 - 1 :1
10 170 170 He	230	BURIAL, CREMATION, 236 DATE 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	
	61	Burial 5-13-69 discussion,	
VR AISME (S) L D	24	TUNERAL-DIRECTOR 250 REGISTRAR	S SIGNATURE
10M REV 1 88		o' the cold the very son, the part I a 1000 the	- W



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 07485 CERTIFICATE OF DEATH DECEASED NAME First Middle Last and 2 death. 2a. DATE OF DEATH 2b. HOUR ed in by the funeral person pages 1 and 2 24 hours after death (Type or print) Month ROBERT ESTERSON, Sr. 1969 HELMAR May 18 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS last birthday) MONTHS I DAYS HOURS Male White 72 March 26, 1897 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED A NEVER MARRIED 9. COUNTY OF DEATH Minnesota Talbot County WIDOWED DIVORCED [ USA Md. filled 126 KIND OF BUSINESS OR burial, cremation, or remayal, and in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done executed within during most of working life, even if ret.red.)

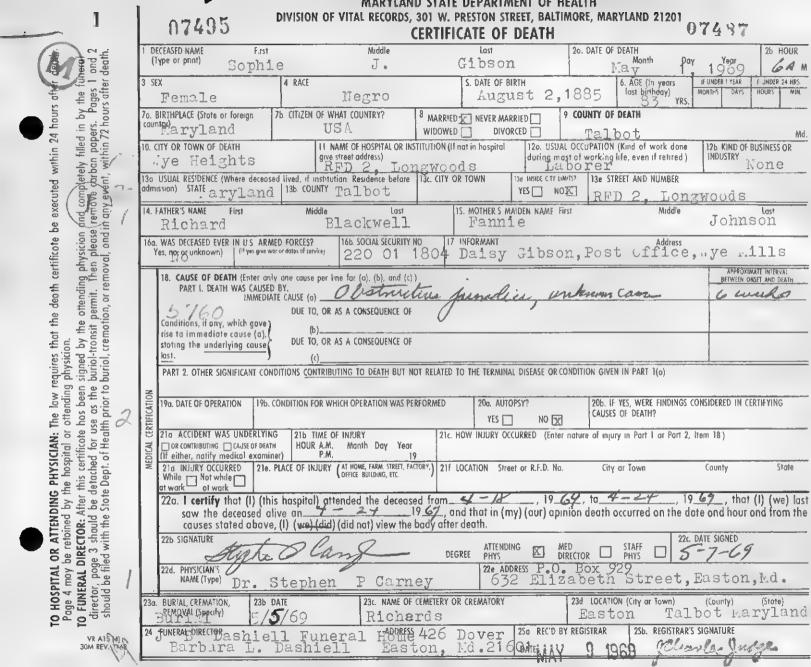
V.P. Stapling Machines

INSIDE CITY LIMITS? 13e. STREET AND NUMBER give street address) INDUSTRY St. Michaels Packaging 13a USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13H INSIDE CITY LIMITS? admission) KIAIFyland 13b COUNTY 118 E. Chestnut St., St. Michaels YES NO [ Talbot 14 FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle requires that the death certificate be 01e Esterson Ingrid Svaard attmding physician permit. Then please 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown)
Yes 161-03-3300 St. Michaels. MIS. Robert H. Esterson. APPROX MATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) ETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) ase to immediate couse (a). ò DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) afferuing TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to CERTIFICATION 19a, DATE OF OPERATION 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ NOYX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21s. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D No. City or Town State County While hat while at wark at wark L 22a. I certify that (1) (this hospital) attended the deceased fram... 196 Sand that in (my (apr) opinion death accurred on the date and haur and from the saw the deceased alive an Pame 4 may be retained causes stated abave, (1) (we) (did) (did-not) view the bady after death 22b SHOWATURE 22c\_DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR L PHYS. PHYS. 22d. PHYSICIAN'S 22a, ADDRESS NAME (Type) GUY M. REBSBR. St. Michaels. Maryland Jr., M. D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) May 20,1969 Olivet Cemetery St. Michaels, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR RECID BY REGISTRAR



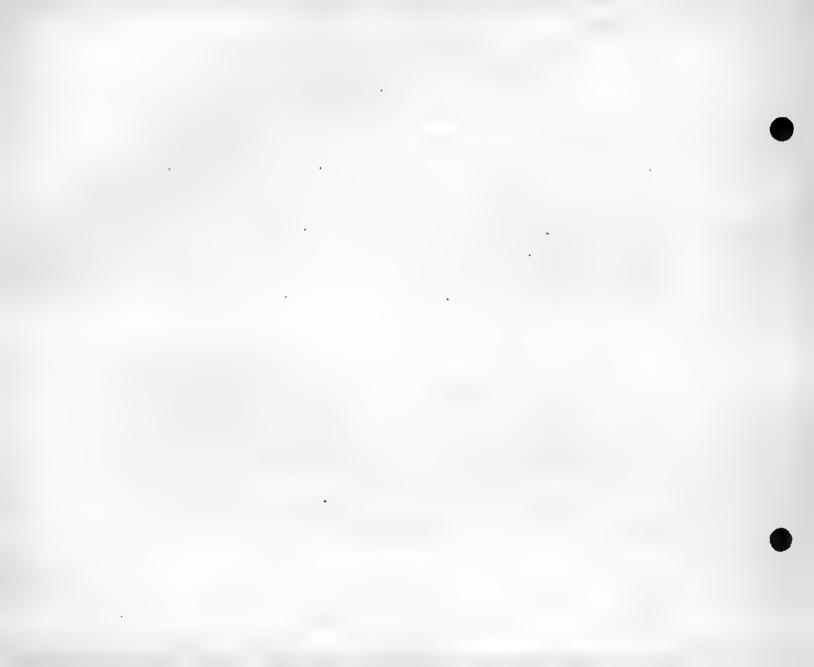
MARYLAND STATE DEPARTMENT OF HEALTH 07494 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07486 CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Last 20. DATE OF DEATH burial, crematian, ar remaval, and in any event, within 72 hours after death 1- and (Type or print) physician and completely filled in by the Tuneral William Flamer Mav 969 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS within 24 haurs after DAYS last-birthday) HOURS YRS 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 1 NEVER MARRIED country DIVORCED [T WIDOWED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of warking life, even if retired ) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if ipstitution Residence before executed 13e. STREET AND NUMBER admission) STATE YES [ ] NO TE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First M.ddle M.ddle Lost requires that the death certificate be 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no. ar upkňawni (It yes give wor ar dates of service) attending phys APPROXIMATE NTERVA 18. CAUSE OF DEATH (Enter only one cause per une for (a), (b), and (c),) BETWEEN ON IT AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Congestive Cardiac Failure DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) Coronary Occlusion burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by Page 4 may be retained by the haspital or attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) **S FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to CERTIFICATION TO HOSPITAL OR ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Db. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from May 5 saw the deceased alive an May 12 1959, and that in (r . 1969 . to May 12 1969 . that (I) (we) last , and that in (my) (aur) apinion death occurred on the date and hour and from the couses stated obove, (I) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. MED DIRECTOR DEGREE PHYS 22d. PHYS CIAN S 22e. ADDRESS Charles tone's fer. M.D. NAME (Type) Greensboro. Md. 236 DATE 23c MAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (State) BURIAL CREMATION (County) BORO CAR MC 2 2Sb. REGISTRAR'S SIGNATURE ADDRESS

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		MARYLAND STATE DEPARTMENT OF HEALTH
- C - 14	-	07496 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07488
	П	CERTIFICATE OF DEATH
£ 4		ECEASED-NAME First, Middle Lost 20 DATE OF DEATH 2b. HOUR
deal	1	Type or print) (/ctor P A//espie 5 Month 2 Doy Yeor 9 7 A. M
er dec funer 1 on	3. 5	EX 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 TAR 1 IF UNDER 24 NRS
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hour hour rs.	Q (Q	BIRTHPLACE (Stote or foreign ntry) A. Co. Md. USA  ** USA  ** MARRIED ** NEVER MARRIED ** OUNTY OF DEATH WIDOWED DIVORCED DIVORCED TALL BOT MARRIED ** OUNTY OF DEATH WIDOWED DIVORCED
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or bearing and a second	odn	ASSON) STATE Maryland by Queen Anne Sudlersviller NO
and to the		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
din di		G. Edward Gillespie Martha S
cote Sirrio Sea an	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Sudlersville, Yes WW 11 213 01 8954 Mrs. Juliet S. Gillespie Maryland
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off offi		4339 DUE TO, OR AS A CONSEQUENCE OF
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ne le le la	3	CAUSES OF DEATING
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fico fico fico fico fico fico fico fico		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
rspi ospi certi hed t. o	MEDICAL	If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY) 0FFICE BUILDING, ETC 0FFICE BUILDING, ETC
JING PHYSICIAN: The low requires the by the hospital or attending physician. Ifter this certificate has been signed by be detached for use as the buriol-transtate Dept. of Health prior to buriol, and		ot work ot work
be State		22a. I certify that (I) (this haspital) attended the deceased from 14 from 1969, to 2 local, 1969, that (I) (we) last saw the deceased alive an 1969, and that in (my) (our) applican death accurred an the date and have and from the
R: /	L	saw the deceased alive an 1969, and that in (my) (eur) apinion death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.
H S S S S S S S S S S S S S S S S S S S	П	22b. SIGNATURE 22c DATE SIGNED
OR DIRE		Therestan Flavourse his. DEGREE PHYS DIRECTOR I STAFF I 2 May 64
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet director, page 3 should be detached for use as the buriol-transit permit. Then please remove conshould be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any eyent		22d. PHYSICIAN'S NAME (Type) THURSTON HARRISON 22e. ADDRESS Extro Many land
HOS Ge 4 Gerte oule	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)
5 5 5 F 2		Buriania 5/5/69 Sudlersville Cemetery Sudlersville, Md.
VR AIS	24 \	PUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRARS, S.G.NARIRE
45M - 1 69	1	Chestertown, Md. DATE MAY 5 1969 June 1969



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	1	Т	07497	DIVISION OF VITAL RECORDS			IORE, MARYLAND 21201	19 2 D 10
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	S of	L	FEMALE	WHITE		4-25-96	last-bighday) YRS,	MONTHS DAYS HOURS MIN
	haun In by Frs. F		BIRTHPLACE (State or fare gn	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED 9	COUNTY OF DEATH	
	illed in papers vin 72 h	L	"I ARY LAND	U.S.A.	WIDOWED	DIVORCED	TALBOT	Md.
	Aith Can San Aith		EASTON	11. NAME OF HOSPITAL OR GIVE STREET ODDIES.) IN	THE PI		OCCUPATION (Kind of work done of warking life, even if retired)	126, KIND OF BUSINESS OR INDUSTRY
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	physician en please aval, and i	10	a WAS DECEASED EVER IN U.S. AR Yes, no for unknown) (If yes give			DRMANI HUSDAND	Address	01.1
	phy sn p		No	2/8/300/G	1728 30	ephs, Handl	ed rentrenille	9 ***
	he death certifi attending phys permit. Then ian, or remaval		18 CAUSE OF DEATH (Enter o	nly one cause per line for (o), (b), and (	c).)	- 61		APPROX MAYE INTERVAL BETWEEN ONSET AND DEATH
	end nat.		PAKT I, UEATH WAS CAUS	IATE CAUSE (0)	n of	the cer	reinf	25 months
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	YSICIAN: aspital ar certificate thed far us	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. Month Doy Yes	tr	(and the	oros of injury at sort of tort L, i	10.7
	responds to the dept. of pt. of	2		PLACE OF INJURY (AT HOME, FARM, STREET, I	FACTORY.) 21f. LOCA	TION Street ar R.F.D. No.	City or Tawn	Caunty State
	the h this detac	П	While Not while at wark	COFFICE BUILDING, ETC				
	ING by t frer frer o c state	н	22a. I certify that (!) (#	nis hospital) attended the decea	sed fram	- 16 19 6	7 ta 5 2/ 19	69 , that (!) (we) last
	ed led life S	н	saw the deceased a	e, (I) (we) (did) (did nat) view the	19 <u>42</u> , and t	hat in (my) (aur) apinio	an death accurred on the da	te and haur and from the
	ATT Stain Shau ith t	1	22b. SIGNATURE	e, (i) (we) (aid) (aid not) view ill	e bady affer de	um.	22, 1	DATE SIGNED
	OR COR	Н	Llysk	is of Cama	DEGREE	ATTENDING MED DIRE	CTOR STAFF	5-22-69
	AL OY E	П	22d PHYSICIANS NAME (Type)	.00		22e. ADDRESS	1	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial transmitted be filed with the State Dept. af Health priar ta burial, creatively.		NAME (Type) STEPH	ien P. Carney		Dutchman	NS WANK, EAST	n. 111d
	H Bage	23	BURIAL, CREMATION, 23b		F CEMETERY OF CR		23d LOCATION (City or Town)	(County) (State)
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	VR ATV (4)		FUNERAL UKESTOK	Boil Bros Contier	De De	SATE MAY	2 8 1969	SIGNATURE



	1			D STATE DEPARTMENT OF		
,		07493		301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		07490
<b>~</b>	1	ECEASED NAME First	Middle			
at a factor of the state of the		Type or print)	/	Lost	2a. DATE OF DEATH Month	Day Year 25. HOUR
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S = 2 S	70		b. CITIZEN OF WHAT COUNTRY?	1 -		RS.
图 相 经	(G)	orappe, Md.		8. MARRIED   NEVER MARRIED   WIDOWED   MIDOWED   MIDOWED	9. COUNTY OF DEATH	-
Iled or 77	ID.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN		SUAL OCCUPATION (Kind of work dor	Md. 126 KIND OF BUSINESS OR
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physitian and ampletely filled. The funeral director, page 3 should be defached far use as the burial-transit permit. Then please reprove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.		Faston	give street address)	Ria! during	most of working life, even if retired	INDUSTRY  INDUSTRY  INDUSTRY
ed v	130		lived, if institution, Residence before		Y LIM TS? 130 STREET AND NUMBER	
ecut ove		Ind.	13b COUNTY Talbot	Oxford YEE	NO .	
	14.	FATHER'S NAME First Henry I	Middle Last	Is. MOTHER'S MAIDEN NAME  Janie Do		Last
9 5 5	160	. WAS DECEASED EVER IN U.S. ARME			Address	
ifica hysic			or dates of service) 220-01-0			d.
cer Iner		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ndin ndin nr re		PART 1. DEATH WAS CAUSED	BY: CAUSE (a) Diality	e. Canne		3 derino
e de affe an, c			DUE TO, OR AS A CONSEQUENCE OF	Man a O' A		0
t the sit is		Conditions, if ony, which gave anse to immediate cause (a),	Midelle	4 Melleter		10 mi
tha by tran crer		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
o jed de signa de sig		last.	(1)			
wing PHYSICIAN: The law requires the by the haspital ar attending physician. The retrificate has been signed by be defached far use as the burial-transtate Dept. af Health priar ta burial, cre		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBLTING TO DENEM BUT N	OT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)	
Page 19 Peer 1	8	19g DATE OF OPERATION 19b CO	NOITION FOR WHICH OPERATION WAS PE	RFORMED 20a, AUTOPSY?	JOH IS VES MEDE SIMPLIMS	SS CONSIDERED IN CERTIFYING
The la attendated has been as the print	(ERTHICATION	170 DATE OF OPERATION 1755. CO	MOTHER FOR WHICH OF ERAPON WAS FE	YES NO	A CHUCCE OF DELTUS	S CONSIDERED IN CERTIFIING
te h	ER	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		oter nature of injury in Part 1 or Part	2 Item IR1
ral far far file	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year		not have at injury in 1911 1 of 1911	2, 11815 10 )
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ING by t ffer cate	1	22a. I certify that (I) (467	attended the deceas	ed from 19	67, to 583,	19(19 , that (1) (1) last
END led led l		saw the deceased aliv	/e an	901, and that in (rev) (valo	pinian death accurred on the	date and haur and from the
ATT ATT Strain Shall sha		126 SIGNATURE A A A	1) ( destara) (masser) view inc		7 2	2c. PATE SIGNED
be re sed w		W. to allow	1 WYEN CO SOUL	DEGREE PHYS	MED STAFF CONTROL OF STAFF	2c. ATE SIGNED
AL D		22d PHYSICIAN'S		22e ADDRESS		
SPIT 4 m d be	L	NAME (Type) Rober	t M. McDonald	M.D. Easton	n, Maryland 216	01
O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the 9	23 a.	BUR AL CREMATION 23b DA	,	CEMETERY OR CREMATORY	23d LOCAT ON (City ar Town)	(County) (State)
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VR AIS	24.	FUNERAL DIRECTOR	ADDRESS	CADARA ANA DATMA	BY REGISTRAR 2Sb. REGISTRA Y 2 9 1969	R'S SIGNATURE
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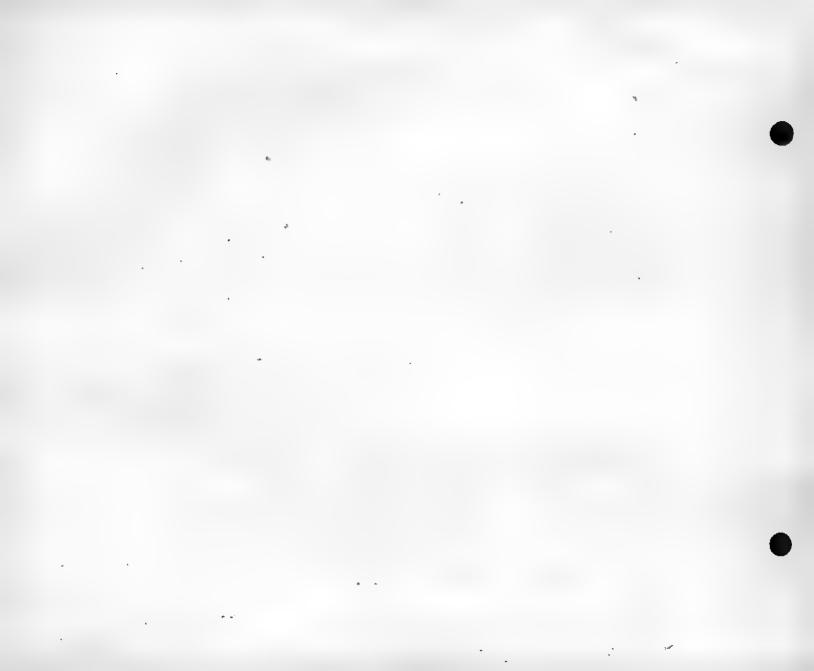
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1/2		07499	DIVISION OF VIT		301 W. PRESTON STREE ERTIFICATE OF DE		MARYLAND 21201	07491
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fur fer	3 5	EX	4. RACE		S. DATE OF BIRTH		6 AGE ( n years	FUNDER 1 YEAR IF UNDER 24 HRS.
2 = 8 Z		F	W		3/26/1	.885	lass pirthday) YRS.	MONTHS DAYS HOUSE
hours after d		BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT (	COUNTRY?	8. MARRIED MEVER MARRIED	9. COUNT	Y OF DEATH	
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	10	CITY OR TOWN OF DEATH	1) NAME give stree	OF HOSPITAL OR INST	TITUTION (If not in hospital	120 LSUAL OCCUPA during most of wo	ATION (Kind of work done tking use even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	13d	LSLA. RESIDENCE (Where de	ceased lived, if institution	Residence before	13c CITY OR TOWN 13d	INSIDE CITY LIMITS? ];	3e STREET AND NUMBER	
com							3 Powell Ave.	·
and rem	14	FATHER S NAME First	Middle	Lost	15 MOTHER'S MAIDER		Middle	Lost
e be an c	ļ.,	William Tho		505.4 506110170144		Eliza Har		
it the death certificate be execution the attending physician and compair permit. Then please remave nation, ar remaval, and in any event			frances to setab so must even	. SOCIAL SECURITY N		434- W.3.	Address	D 20220
phy ova		no			32-D George Ph	TITA HET	soy, Berwan,	Penna 19312
in de marie		1B. CAUSE OF DEATH (Enter PART I, DEATH WAS CA	r anly one couse per line fo		1 1 1 1 1 1			BETWEEN ONSET AND GEATH
end ent		IMAN	IEDIATE CAUSE (a)	Je ala	1/2016.	MEIN		
aff per ian,		2010	DUE TO, OR AS A	CONSEQUENCE OF				
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tha by trans	Н	stating the underlying cau		CONSEQUENCE OF				
equires the physician. signed by burial-trar burial, cre		lost.	) (c)	- Original and				
required by reduction of the purton to bur	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERMINAL DIS	SEASE OR CONDITION	GIYEN IN PART 1(a)	
low bending the state of the st	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH (	PERATION WAS PER	FORMED 20a. AUTOPSY?		Ob IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
The after the see of t	IĔ				YES 🗀	NO.	AUSES OF DEATH?	
ar are		21a ACCIDENT WAS UNDER			21c. HOW INJURY OCCURR	ED (Enter nature a	f injury in Part 1 ar Part 2	Item 18.)
Partie State	MEDICAL	OR CONTRIBUTING CAUSE OF	OEATH HOUR A.M. M ominer) P.M.	onth Day Year				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleg director, page 3 shauld be detached far use as the burial-transit permit. Then please remare carl shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event,	ME		21a PLACE OF INDIDA / VE	IOME, FARM. STREET, FACTO CE BUILDING, ETC	ORY.) 21f LOCATION Street or	R.F.D No	City or Town	County State
NG NG Her Her Her de	1		(this haspital) attende	ed the deceaser	d from 4 - 2-6	. 1969 to	15-12-19	67, that (I) (we) last
ND A P	1	sow the decease	d alive an	112-6719	ond that in (my) (	aur) opinion de	oth occurred on the do	te and hour and from the
OR Single			ave, (l) (we) (did) (did	not) view the b	ady after death.			
OR A PRECION A Street of with the street of		22b. SIGNATURE	ed D	For	DEGREE PHYS	MED. DIRECTOR	STAFF D 5	DATES GNED
ITAL may t RAL D Page be file		22d. PHYS CIAN'S DOR'S NAME (Type)	ert d. smth		M. D. 22e ADDRESS EA STON			160
OSP INE	00.	DI OIAL CREMATION TO	2h DAYE	102. WARE OF C				09
O Ho		BLRIAL, CREMATION, 2 REMOVAL (Specify)	3b DATE 5/15/69	Spring	EMETERY OR CREMATORY	1	CATION (City or Town)	(etote) (Stare)
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, (°) Y	L	1			UA UA	N. 11	.000	10 0

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	i i			D STATE DEPARTMENT OF HE		
	П	n7500		301 W. PRESTON STREET, BALTIA	MORE, MARYLAND 21201	ark 5000 it ms. ms.
		111000		CERTIFICATE OF DEATH		07492
( 1 )€ =2€		ECEASED NAME First Type or print)	Middle	Last	20. DATE OF DEATH	2b HOUR
death ond deoth		F 0	RnesT	Holland	Month Day	1 69 7 am
fter e fu es 1 fter	3 5		4 RACE	S DATE OF BIRTH	6 AGE (In years 1	IF UNDER 1 FEAR IF JINDER 24 HRS
ours after death.  By the funeral Poges I and 2 pars after death.	L	Male	Negro	September 19,	1886 day yrs.	MONTH CANDONS MIN
hour	70. cou	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	MANUEL TO METER MANUEL	COUNTY OF DEATH	
42 Bg 17 .		Maryland	U.S.A.	WIDOWED DIVORCED	14/60T	Md
vithin 24	10	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN give street address)	during mas	OCCUPATION (Kind of work done it of working life, eyen if ret red.)	12b KIND OF BUSINESS OR INDUSTRY Church
w defe	130	USUA, RESIDENCE (Where decens	ed lived if institution Residence before	13c CITY OR FOWN 13d INSIDE CITY JAN	ster-lit.Zion Per	it. Holiness
law requires that the death certificate be executed within 24 hours after nding physician.  been signed by the ottending physician and completely filled in by the fuse the busiol-transit permit. Then please remove corbon page. Poges I nor to buriol, cremation, or removal, and in any event, within 72 hours after	adir	sson) STATE Paryland	d 136 COUNTY Caroline	Yr. BethlehenKES□ NO[		30x 38
rema rema in on)	14	FATHER S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME Firs		Last
de se de la composition della	L	Charle			/illic	Gibbons
cate Siclo	16q	was deceased ever in U.S. ARA es, no, of unknown) (If yes give w	or or dates of senera		Address	
phy en covai		,	Unknown	Mrs Martha A. H	lolland, Preston,	
em fig		18 CAUSE OF DEATH (Enter on PART & DEATH WAS CAUSED	ly ane cause per line for (a), (b) and (c).	)		APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
end wit.		PAKES DEATH WAS CAUSED	ITE CAUSE (0) Congestie	I want faile	ne	2 mults
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificage 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the ottending phy director, page 3 should be detached for use os the buriol-transit permit. Then should be filed with the State Dept. of Health prior to buriol, cremation, or removal	_	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT IN	OT RELATED TO THE TERMINAL DISEASE OR COI	ADITION GIVEN IN PART 1(a)	
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The after has been after the second the seco	TEG			YES NO X	CAUSES OF DEATH?	
ate of recolu		21o. ACCIDENT WAS UNDERLYIN		21c HOW INJURY OCCURRED (Enter in	nature of injury in Port 1 or Port 2, 1	tem 18.)
d for the standard of the standard for t	MEDICAL	OR CONTRIBUTING CAUSE OF ORAT				
O HOSPITAL OR ATTENDING PHYSICIAN: The law Poge 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use os the shauld be filed with the State Dept. of Hoolth prior to	38	2 d IN_JRY OCCURRED   21e		TORY, 21f LOCATION Street or RFD No	City or Town	Caunty State
det D		While Nat while at work				
DING I by t After I be c		22a I certify that (I) (th	s hospital) attended the decease	ed fram 3 - 2-3 , 19 6 9 61 , and that in (my) (aur) opini	7. ta_3~14_, 19_	that (1) (we) last
R: 4	ı	causes stated above	e, (I) (we) (did) (did nat) view the	7 61, and that in (my) (aur) opini bady after death.	an death accurred an the dat	te and haur and tram the
Sho Capaign		22b SIGNATURE	7 - ( ) ( )		224. [	DATE SIGNED
OR OR Se a Se	ı	Henly	In A Carol	DEGREE PHYS MED	ECTOR PHYS 1	-14-69
TAL OY I Ppog Progential		22d PHYSICIAN'S		22e ADDRESS		
SPIT 4 m 4 ER/ or, id by		NAME (Type) Steph	nen P. Carney, W.			
TO HOSPITAL OR ATTEN Poge 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	23a	BURIAL, CREMATION, 23b I	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
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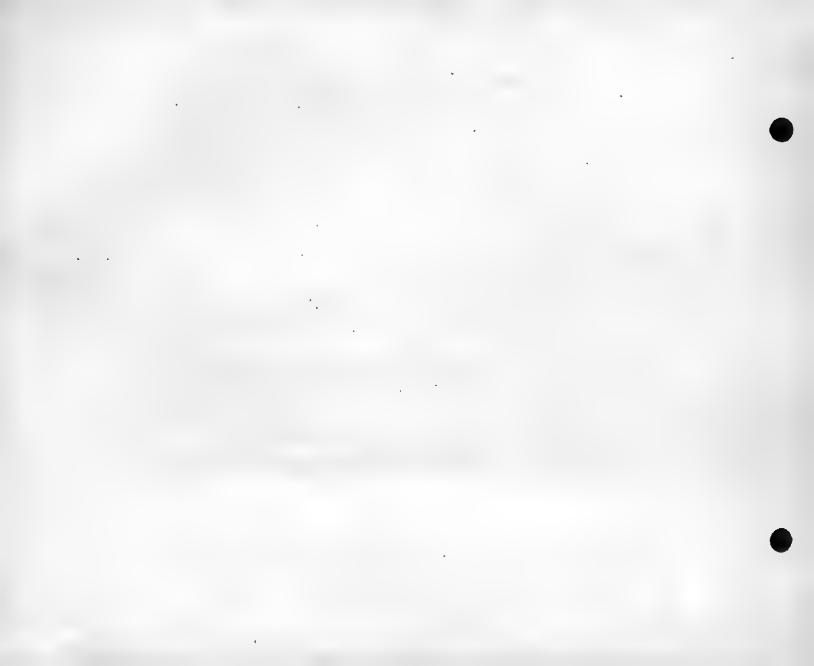


	MARYLAND STATE DEPARTMENT OF HEALTH					
	DIVISION OF VI	TAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201			
1/4	ก 7501	CERTIFICATE OF DEATH	07493			
÷ _ 2 ÷	1 DECEASED NAME First	Middle / Last 2a. DATE OF DEATH	2b HOUR			
eral	(Type or print) tras tes	RUDRU HARNEY MAN	1 30k 18/10 / 30			
= /5 = =	3. SEX 4. RACE	S. DATE OF BIRTH 6 AGE (I	VOGES IF UNDER YEAR IF UNDER 2 HRS			
24 hours after death.  ed in by the funeral pers Page of and 2 in 72 hours after death.	MALE WHI	ITE JUNE-1916 lost be	thday) MONTHS DAYS HOURS MIN.			
ano Aq	70. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT	COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	00 -			
d in pers	MARYLAND USI	WIDOWED DIVORCED D	COOT Md			
within your fille ban pa within	10 CITY OR TOWN OF DEATH	OF HOSPITAL OR INSTITUTION (If not in lasbital 12a, USUAL OCCUPATION (Kind of	work done 12b KIND OF BUSINESS OR			
wiith with	castou 12	delaring life, eyen				
emave car any event,	130 USUAL RESIDENCE (Where deceased liyed, f institution admission) STATE 13b, COUNTY	Residence before 13c CITY OR TOWN 3d. INSIDE CITY LM TS? 13e. STREET AND YES NO 1				
900	14. FATHER'S NAME Fast / Middle		×x			
and	HARRY WINDER	ORNEY IS MOTHER'S MAIDEN NAME FIRST	Middle lost			
tion sase	160 WAS DECEASED EVER IN U.S. ARMED FORCES? [16]	b SOCIAL SECURITY NO 17 NEORMANT	Address			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 horage 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers shauld be filled with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 horage.	Yes, not at unknown) (If yes give war or dates of service)	117-16-7144 MRS. KEBA HORNEY	-CHESTER MD.			
rag p The	18 CAUSE OF DEATH (Enter only one couse per ine for PART I DEATH WAS CAUSED BY.	ar (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
arre	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	leural carcinomatosis	Der. 1967			
e de atte	1991 DUE TO, OR AS A	CONSEQUENCE OF .				
t the sit	Conditions, if ony, which gove (b)	Metastatic carcinon	na Dec. 1967			
tha by tran	stoting the underlying couse DUE TO, OR AS A	CONSEQUENCE OF				
W sici	lost (c)	Primary site unknown	uncertain			
The law requires the attending physician. has been signed by se as the burial-train the prior to burial.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	I(a)			
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the loan than th	19a, DATE OF OPERATION 19b, CONDITION FOR WHICH	OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE CAUSES OF DEATH	E FINDINGS CONSIDERED IN CERTIFYING 17			
The part of the house	21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJ		or Port 2 Itary 183			
CLAN iffica iffica if He		Aonth Doy Yeor	of Fort 2, Herr 16.7			
YSI cert ched thed pt. a		19 HOME, FARM, STREET FACTORY, 21f. LOCATION Street at R.F.D. No. City at Town ICE BUNDING, ETC.	County State			
SPITAL OR ATTENDING PHYSICIAN: 4 may be retained by the haspiral ar IERAL DIRECTOR: After this certificate or, page 3 should be detached far u id be filed with the State Dept. of Healt	While Not while at wark at wark	ACE BUNDING, ETC.	,			
ING by f frer be d	22a. I certify that (I) (this haspital) attend	ed the deceased fram, 19, ta	, 19, that (i) (we) last			
END ned R: A Jid the S	saw the deceosed alive on causes stated abave, (1) (we) (did) (did	19, and that in (my) (our) opinion death occurred	on the date and hour and from the			
The state of the s	22b SIGNATURE	- M.D. ATTENDING AND	22k DATE SIGNED			
OR De re red w	Robert W. T.	DEGREE PHYS DIRECTOR DIRECTOR PHYS	D 5-26-69			
AL oy b	22d PHYSICIAN S NAME (Type) Robert W. Treve		21601			
SPIT 4 m 1ER/ or, d be	NAME (Type) 2200010 W 21000	2aston, narytand	21001			
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspiral ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for u shauld be filed with the State Dept. of Heal	23a BUR AL, (REMAT ON, 23b DATE	23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or	Town) (Caunty) (State)			
5 5 5 2	BMOVERSPORTE MAY 28	STEVENSVILLE STEVENS	-			
VR A15	24 EUNERAL DIRECTOR	ADDRESS LO MICL DATION 3 1963	REGISTRAR S SIGNATURE			
43m - 1/84	XU ME THINGIE (10 MC) COL	MANUALLE ///ECA BATHON 3 1003				





	_ a	1/	MARYLAND STATE DEPARTMENT OF HEALTH	
1_		1	07503 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAR	(YLAND 21201 0 27 4 0 22
		П	CERTIFICATE OF DEATH	07495
	를 <u>-</u> 24		DECEASED-NAME First ; Middle Lost 20. DATE OF	
	deoth.	1	(Type or print) FAWARD PAGES	Month Day Yeor 11
		3. 5	SEX A 4 RACE S DATE OF BIRTH	6 AGE (In years IF JNDER . YEAR IF JNDER 24 HRS.
		L	N SEPT 1, 1908	OST DUMBERS MONTHS DAYS HOURS MIN
	hour loan	70	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF	DEATH
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	Hind State ()	10	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital during mps) of working light street oddress)  (ITY OR TOWN OF DEATH  120. LSUAL OCCUPATION (during mps) of working light street oddress)	life, even if set red   INDUSTRY
	arby /	30	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 113c CTY OR TOWN 13d INS.DE CITY INMITS? 13e STR	REET AND NUMBER
	curted compliance ove conver	odn	nission) STATE MD 136 COUNTY PROLINE RIDGEZY YESE NO	LET AND NUMBER
	ote be executed within 24 hours, yean and completely filled in thy in lease, genove carbon papers. Ragand in my event, within 72 hours	14	FATHER'S NAME First Middle JUNES IS MOTHER'S MAIDEN NAME First RENA	Middle MOORE LOS!
	a de la	160	D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT	Mon
	requires that the deoth certificate be executed within 24 hours g physician.  In signed by the attending physytan and completely filled in the burial-transit permit. Then please temove carbon papers. The purial, crematian, or removal, and in my event, within 72 hours oburial, crematian, or removal, and in my event, within 72 hours.			ONES RIDERLY M
	The The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTIRVAL BETWEEN ONSET AND DEATH
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*	endie Prior /	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF V	YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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	ate of second		The time of the other part of the time to the other of the other of the other	y in Port 1 or Port 2, Item 18.)
	FE SE	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M.	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certifice Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physydirector, page 3 should be detached for use as the burial-transit permit. Then play should be filled with the State Dept. of Health prior to burial, crematian, arremavally.	¥	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 216 LOCATION Street of R.F.D. No	or Town County State
	te D	П	While Not while at work of work	
	be Stor	П	22a. I certify that (I) (this haspital) attended the deceased from	_7 , 19(09 , that (1) (we) las
	R: A	ш	causes stated above, (1) (we) (fid) (aid nat) view the bady after death.	ccurred an the date and haur and fram th
	Shoil Shoil		22b. SIGNATURE	22c. DATE SIGNED
	d ¥ d ¥ d ¥		Robert W. Trever, M.D. DEGREE PHYS DI MED.	STAFF PHYS. D 5-7-69
	AL (	L	22d PHYSICIAN S 22e ADDRESS	11113,
	ERA ERA ERA ERA		NAME (Type)	
	Je 4	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION	N (City or Town) (County) (State)
	5 5 5 £ 2	10	UNEVASSIE MAY 10, 1969 RIDGELY RI	DGELY CAR. MO.
	O DE LA SV	3	FUNERAL DIRECTOR	25b. REGISTRAR'S SIGNATURE
	45M - 1/86	C	THARLES V MOORE DENTON, MD. MAY 13 1969	Elianles Judge.
		_		



_	1	MARILAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	OWIDA
1		07504 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	07496
leoth and 2	11.7	(Type or print) / // / /	26 HOUR
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d e se la		JOSEPH H. JONES MARTHA WARNER	
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N P P P P P P P P P P P P P P P P P P P		saw the deceased alive an 1969, and that in (my) (cor) opinion death accurred on the dat	e and haur and fram the
ATTE etaine CTOR: shoul		causes stated above, (I) (we) (did) (did-net) view the bady after death. "	
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OR be r		Mentin Marrison New Degree PHYS DIRECTOR DIPHYS. D	· Hear 69
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAITMORE, MARYLAND 21201  O7498  CERTIFICATE OF DEATH  To Date of Date of Date of Death  To Date of
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22a. I certify that (I) (this haspital) attended the deceased from 23 (1964, to 3 (1964), that (I) (we) last saw the deceased alive an 1964, and they in (my) (see) appoint death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE  22c. DATE/SIGNED  ATTENDING  DEGREE  ATTENDING  DEGREE  DEGREE  DEGREE  DEGREE  PHYS  DEGREE  D
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22d. PHYSICIAN'S NAME (Type) TIVRSTON HARRISON 22e. ADDRESS Face Many Paul 1990 (County) (State) 23d. BURIA, CREMATION, 1910 DATE 1910 DATE 1910 DENTITION (City of Town) (County) (State) DENTITION DENTITION (City of Town) (County) (State)
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	4	MARYLAND STATE DEPARTMENT OF HEALTH	
	ı	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		07508 CERTIFICATE OF DEATH	
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Page 1	70		
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ed within 24 oletely filled in carbon paper ent, within 72	10	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired )  180 USUAL OCCUPATION (Kind of work done during most of working life, even if retired )  180 USUAL OCCUPATION (Kind of work done during most of working life, even if retired )	OR
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to See 4	23a	BURIAL CREMATION. 23b DATE 23c NAME OF CENTURY OF CHAPTERY OF CHAP	)
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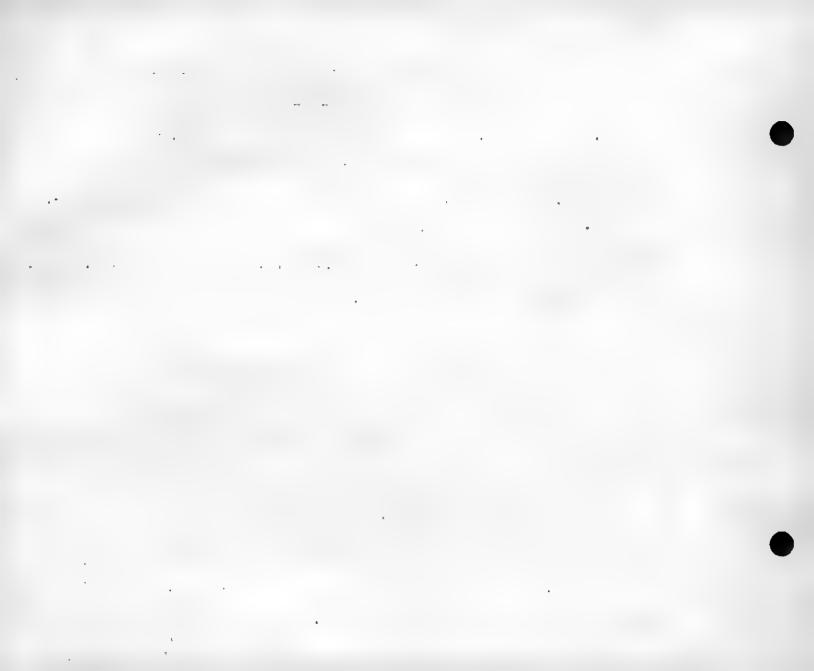
,	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	I	teml FilmG413 6/9/69 kk CERTIFICATE OF DEATH
zurs after death. by the funeral Pages I and 2 ours after death.	(	Deceased Name Type or print) Shirt Wholey Shandley World Wholey Shandley World Wholey Shandley World World Wholey Shandley World World Wholey Shandley Shandley World World World World Shandley
rs after death the funeral agges 1 and 3	3 5	Male C //7/23/1911 To Harmany VYRS MONTHS DAYS HOURS MIN
thaur thau	7a 1-13	BIRTHPLACE (Stote or foreign Tb. CITIZEN OF WHAT COUNTRY?  USA  WIDOWED D DIVORCED  9 COUNTY OF DEATH  9 COUNTY OF DEATH  MACRIED DIVORCED
be executed within 24 haurs after death and completely filled in by the funeral eremave carban pages. Pages I and 2 lin any event, within 22 hours after death	X	CITY OR TOWN OF DEATH  II NAME OF HOSPITA. OR INSTITUTION (If not in hospital during prost of work done street address)  [126 KIND OF BUSINESS OR WOUSTLY KINE  [170 KIND OF BUSINESS OR WOUSTLY KINE  [180 KIND OF BUSINESS OR WO
scuted complet ave car	13a adn	USUAL RESIDENCE (Where deceased used, if institution Residence before 13c (TY OR TOWN 13d INSIDE CITY UM 152 13e STREET AND NUMBER YES X NO
be exc	,	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
Afficate. Physician physician pheats wal, and and		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of unknown) (It yes give wor or dotes of service) (It yes give wor or dotes of service) (It yes give wor or dotes of service) (Randolph Maddox.Manokin, Maryland
requires that the death certificate be g physician.  I signed by the attending bhysician for the burial-transit permit. Then please in a burial, cremation, ar remayal, and in		18 CAUSE OF DEATH (Enter only one cause per line (b) (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)
at the att		Conditions, if any, which gave nse to immediate cause (a).  (b) / at y which gave to immediate cause (a).
physician physician signed by burial-tra		stating the underlying cause DUE TO, OR AS A CONSEQUÊNCE OF
law required to the pheen signed been signed by the pheen signed by the pheen signed to but the pheen signed by the pheen sign	8	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a)
The law re attending has been see as the lah priar to law.	CERTIFICATION	19a. Date of Operation   19b. Condition for which operation was performed   20a. Autopsy?   20b. If yes, were findings considered in certifying causes of death?
PHYSICIAN: 1 e haspital ar his certificate stached far us Dept. of Healt	MEDICAL CE	21a ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter native of injury in Part 1 or Part 2, Item 18.)    Control of the control of injury in Part 1 or Part 2, Item 18.)   Control of the control of injury in Part 1 or Part 2, Item 18.)
S PHYS the has this ce detache	₩	While Not while of work at work
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we have be may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carb is shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event,		22a I certify that (I) (this hospital) attended the deceased from
OR AT OR AT be retg DIRECTO		226 SIGNATURE  CICLO DIEGREE PHYS DIRECTOR DIREC
TO HOSPITAL Page 4 may b TO FUNERAL D director, page		22d PHYSICIAN'S NAME (Type) E. C. H. Schmelt 22e ADDRESS Capton, May ling
Page Page TO FUR direct	В	BUR.AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) (Store)  REMOVAL (Specify) 5/25/69 Samuel Wesley Manikon.scmerset, Md
VR A STATE	24	FUNDAL DIRECTOR  ADDRESS  PARELLES PARELLES PARELLES SIGNATURE  PARELLES PA



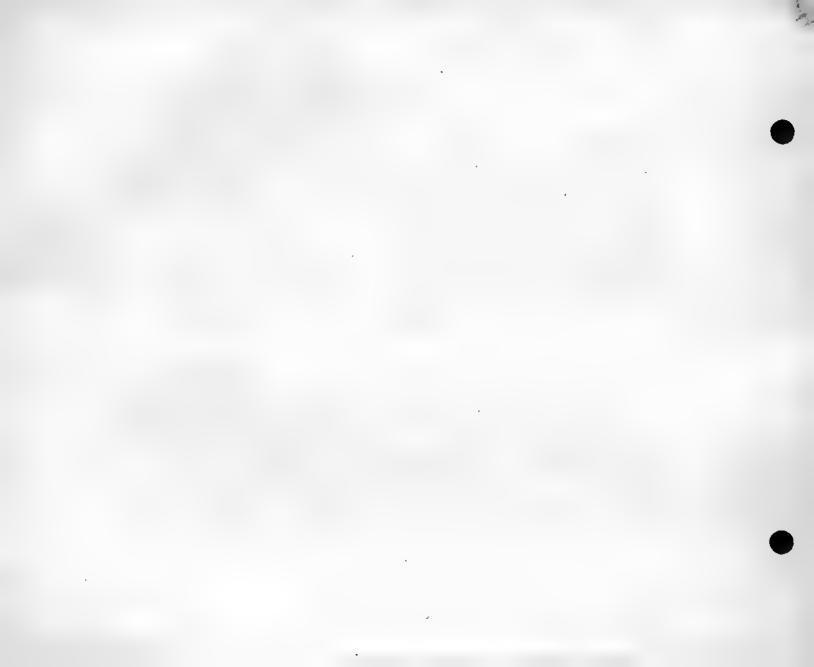
2	07510 DIVISION OF VITAL RECOR	LAND STATE DEPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	07502
FOR STATE	MEDICAL	EXAMINER'S CERTIFICATE OF DEATH	01002
HEALTH DEPT.	DECEASED NAME First (Type or Print) SARA ANN	Middle Last 2a DATE KNOWN Month OF ESTI. DEATH MATED   Month	14 6919 C7P
de la	SEX 4 RACE 5 DATE OF BIRTH  White July 8, 19	6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 24 DATE PRONOUNCED DEAD WORTHS DAYS WOURS MIN Month Day	Year 19
Depd	BIRTHPLACE (State or foreign 75 C TIZEN OF WHAT CO	DUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
es 1, form te De	Arkansas USA	WIDOWED DIVORCED Talbot County	M
death beges with for the State	St. Michaels  Il NAME C give street	OF HOSP TAL OR INSTITUTION (If not in hospital oddress)  12a USUAL OCCUPATION (Kind of work dame during most of working life, even if retired.)  HOUSEWITE	
24 hayrs after, death in Item 186. Give Pages r's Office along with for es I and 2 with the State its after death	o USUAL RESIDENCE (Where deceased lived, if institution odmission) STATE 13b COUNTY T	Residence before 13c CITY OR TOWN 136 INS DE CITY LIM TS? 13e STREET AND NUMBER  **Albot St. Michaels**  **PS NO ****  **Albot**  **	
hayr Item Office I and 2	FATHER'S NAME First Middle	Last IS MOTHER'S MAIDEN NAME First Middle	Last
24 lin	Clifford L. Holla		
within 24 hayrs in penal in Item P Examiner's Office File pages Tand 2 72 haurs after d	(Yes, no, or unknown) (If yes give wer or dates of service)	SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Be	
	No		APPROXIMATE INTERVAL
should be executed e ward "pending" in the Chief Medical E burial-transit permit. F in any event within	18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY		BETWEEN ONSET AND DEATH
xecuted iding" i Medical permit. It withir	150,9 IMMEDIATE CAUSE (a) DUE TO, OR AS A	ynergistic alcohol-barbiturate CONSEQUENCE OF intoxication	
oe e "per lef / nsit	Conditions, if ony, which gave	CONSEQUENCE OF SEATON SEASON S	
	rise to immediate cause (a), (b)  Stating the underlying cause (DUE TO, OR AS A	CONSEQUENCE OF	
should ne war ia the burial-i	last. (c)		
ate at the sed 14 and and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certificative, writing to forwarded os a pe used as a remaval, an	19g. DATE OF OPERATION 19b	COND T ON FOR WHICH OPERATION	20 AUTOPSY?
	19a. DATE OF OPERATION 19b  21a EXTERNAL CAUSE WAS 21b TIME OF INJUR	WAS PERFORMED?	YES NO XX
fico fico fico fico fico fico fico fico	21d EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 21d INJURY OCCURRED 1218 PLACE OF INJURY (At hor	Y Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of in-ury in Part 1 or Part 2,	
bical Examiner: se execute the certi ector. Page 4 shauld ned far your files. ECTOR: Page 3 shoul burial, crematian,	210 PLACE OF INJURY (Af har foctory, office building, etc.	me, farm street, 21f ±OCATION Street at R.F.D. Na City at Town	Caunty State
1.7 ¬ 2/ " Q		mains described above, held an Autopsy , Inspection X, Inquiry	, and in my opiniar
bicat E) lease execu director. Pag stained far ) birectors: P	death resulted fram: Natural causes		
please e la director retained I DIRECT or to bure to b	I hile	CHIEF MED CAL EXAMINER	
7 5 5 5	SIGNATURE & CULIS INC	Cly M D ASSISTANT MEDICAL EXAMINER 226 DAT	TE SIGNED
DEPUTY ecessary, p ine funeral in may be re FUNERAL i	EXAMINER'S	ACTING DEPLTY MEDICAL EXAMINER 🔀	5-16-69
ro DEPUTY  Decessory, please e: the funeral director  S may be retained to FUNERAL DIRECTO  Health prior to bu	NAME (Type) LOUIS S. WELL  O. BURIAL CREMATION. 236 DATE		(Course)
5 5 2	REMOVAL (Specify)	23c. NAME OF CEMETERY OR CREMATORY  Rose Hill Cemetery  Hope. Arkansa	(Caunty) (State)
	Byrial May 18, 1969  Fineral Director	250 REC'D BY REGISTRAR 256 REG.STRAR	S SIGNATUPE
VR A15ME (5) 10M REV 1/68	tarusinto xemasa		wes Judges



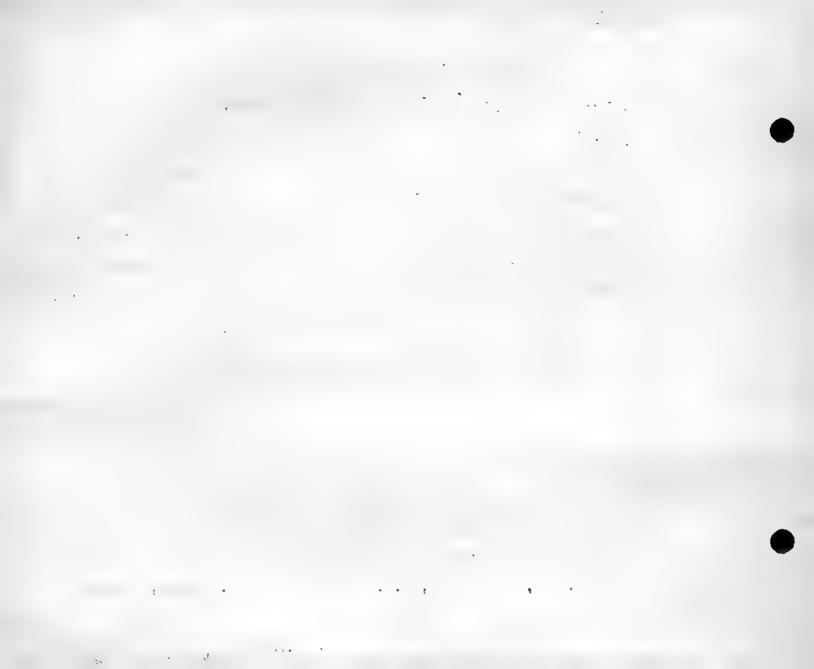
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212017503						
1		CERTIFICATE OF DEATH						
rer death. funeral	after death.	(	YPE OF PRINT)	Middle Williams	Moore.	2a. DATE OF DEATH  5-M300-69Pay	Yeor 257710 UR	
10 7 17	S Y	3 5	F emale	4 RACE White	s. date of birth 1-20-81	6. AGE (in years last birthday)	F JNOER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS NUM	
24 havr	22 聖 2	cau	MG .	T.S.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Talbot	Md	
within 24 rely filled	within.		TA STOR		The Pines do Hor	AL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY	
executed with	y event	adm	ssion) STATE Md.	sed lived, if institution Residence before	Cambridge YES X NO	TOO DINEEL SHIP YORKDER	re Ave.	
e de la	d in an	14.	ATHER S NAME First Willia	m Apple	garta La	First Middle LPA	Hubbard	
rtificate be ohysician c	ıval, an		WAS DECEASED EVER IN U.S. ARI es, ne or unknown) (II yes give v	MED FORCES? vor or dates of service) 16b SOCIAL SECURITY N 213-03-90		Moore Talbot A		
1228 1 requires that the death certificate be ng physician.  en signed by the attending physician are burial-transit permit. Then please r	burial, crer	æ	PART I. DEATH WAS CAUSE IMMEDIA  Ganditians, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	Them trus	CONDITION GIVEN IN PART 1(a)	AFFECTIMATE INTERVA. BETWEEN ONSET AND ORATIS  ALYZO  ALYZ	
The law re aftending has been se as the	State Dept. of Health prior to	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PER	PORMED 20d AUTOPSY?  YES NO	20b IF YES WERE FINDINGS COL CAUSES OF DEATH?	ISIDERED IN CERTIFYING	
iCIAN: pital ar rifficate	of Heal	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	HOURAM. Month Day Year ner) P.M. 19		r noture of injury in Part 1 or Part 2, lite	m 1B.)	
G PHYS the has this ce detache	re Dept.		While Nat while at wark	PLACE OF INJURY (AT HOME FARM, STREET FAC OFFICE BUILDING, ETC		City ar Town	County State	
OR ATTENDING PHYSICIAN: be retained by the haspital ar SIRECTOR: After this certificate e 3 shau,d be detached far u	n the Stai		22a I certify that (1) (the saw the deceased a causes stated above	is haspital attended the decease live and did (did nat) view the b	d fram	nian death occurred an the date	9 , that (i) (we) last and haur and fram the	
	filed with		22b SIGNATURE  Wells Trans  22d. PHYSICIANS	Danisa HA	22e ADDRESS 6	AED STAFF 22c DA	TE SIGNED	
TO HOSPITAL Page 4 may TO FUNERAL I directar, pag	nauld be	23a	NAME (Type)  BUR AL (REMATION, 23b	DATE 23c NAME OF C	POSUN CA	23d LOCATION (City of Town) Cambridge Dor	(County) (State) Md.	
2 2 2 B	00		SEMOVAL (Specify) 6 FUNERAL DIRECTOR FORMETTS & Thor	/2/1969 Porche ADDRESS Cauline	ster Mem. Park  Lyw. 2100 DMUN		GNATURE	



4			MARTIAND STATE DEPARTMENT OF HEALTH					
, )	X I		07513 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07505					
2000		CERTIFICATE OF DEATH						
	= -2=		DECEASED NAME First Middle Last 20. DATE OF DEATH 22b, HOUR					
	funeral l and 2 er death	1	(Type or print) Howtin RAY MURPHUSO. 5 Month Day 31 Year 69 30 M					
	fun fer c	3 5						
	by the f		1   1   1   1   1   1   1   1   1   1					
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-	- E 2.8	(8)	MARKIED I PINEVER MARKIED					
	in 24 hilled in popers	122	MD 1802 WIDOWED DIVORCED 1A-160T Md.					
	温 量 量 点	, ID	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspita)  120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR					
	e executad within 24 ond completely filled remove carbon poperin any event, within 7.	<u>L</u>	Thank of Hospital Ok Institution (it not in hospital of USDAL OCCUPATION (kind of work done library) give street address)  Thank of Hospital Ok Institution (it not in hospital occupation) (kind of work done library) (library)					
	cyled omplet	130	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 134 CITY OR TOWN) 38 INSIDE CITY . M 157 38. STREET AND NUMBER					
	E & B > E	C/QJI	A SIGN STATE MY YES NO PHONE TO STATE MO PER NO PER					
1	a de de de la	14	FATHER'S MAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost					
	1 2 5 E		CHARLES MURRHY SARAH					
-	ficote be	160	WAS DECEASED EVER IN _S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address					
	physicion en please oval, and		Yes, no, or up nowo) (If yes give wer or doles of service) MRS. AUSTIN MURCHY, DENTON					
	he deoth certifi e attending phy: permit. Then ion, or removal		1110000					
	Te Te		DADT I DEATH (LINE OF DIV					
	attendi permit.		IMMEDIATE CAUSE (a) Lawy with War far with					
	att per ion,		(and thous, if any, which cave)  Due to or as a consequence of the control of the					
	the set	1	(and thans, if any, which gave) rse to immediate cause (a)  (b) Using any Etherosclustic Least le come (?)					
	tho by ran	1	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF					
n	sicile sicile ol-t	1	lost. (c)					
103	law requires that the death certificate be executed within 24 hours after doubling physician.  been signed by the attending physician and completely filted in by the funeral state burial-transit permit. Then please remove carbon papers, Pages I and into burial, cremation, or removal, and in any event, within 72 hours after death ior to burial, cremation, or removal.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
1	ng lang	27						
2	PHYSICIAN: The law re the hospital or ottending this certificate has been detached for use os the e Dept. of Health prior to	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da AUTOPSY? 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING					
	The se of the property of the	E	YES NO CAUSES OF DEATH?					
	IAN: The call or off ficate has for use Health p	(E)	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)					
	The for	ਤ	CONTRIBUTING C CAUSE OF DEATH HOUR A.M. Month Day Year					
	PHYSICIAN: e hospital or his certificate stached for u Dept. of Heal	MEDICAL	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 2 is PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f (OCATION, Street or P. F.D. No. 6 ib) or Town County. State					
	ho h		21d INJURY OCCURRED While Nat while of work of the Building, ETC.  21f. LOCATION Street or R.F.D. Na City or Town County State					
	te de la fe							
	DING J by the After J be d	1	22a. I certify that (1) (this haspital) attended the deceased fram 12-14, 19 68, ta 31 May, 1969, that (1) (we) last					
	ENI Bed St. A		saw the deceased of one on					
	ATTENDING etained by th CTOR: After i should be d vith the State							
	OR be re		ATTENDING AS MED STAFF					
	RAL SAL		122d PHYSICIAN'S NAME (Type) THURSTON HARPEISON 220 ADDRESS EXSTON MARYLAND					
	10 HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to							
	E Se	12	BURIAL, CREMATION, 230 DATE 3 969 230 NAME OF CEMETERY OR CREMATIONY 23d OCAT ON (CTY OF TOWN) (COUNTY) (STORE)					
	5 5 5 2	K	1/21					
1	0/ VR A15/24	24	FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR'S SIGNATURE  DATE UN 3 1969 (Charles Surge)					
8	af 1892 (169"	1	Moore & You. Deuton Ma DANJUN 3 1969 Journes Judge.					



<b>.</b>		MARYLAND STATE DEPARTMENT OF HEALTH							
	1	07534 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
1	•		CERTIFICATE OF DEATH			07506			
	÷ Me		ECEASED-NAME First	, Mydylle	Lost	2o. DATE OF DEATH	2b HOUR		
	p c	(	Ype or print)	10 hIIN Stasi	INNIA MIN	Month 9	Year 2b Hour		
		3. S	X -	4. RACE	S DATE OF BIRTH	6 AGE (1st years	FUNDER + YEAR   IE UNDER 24 HRS		
	# 2 8 E		Parale	aliano ano	J ORIC OF DIKITI	iost 'b dhday)	MONTHS DAYS HOURS MIN		
	haurs on by the s. Pag	7.	BIRTHPLACE (Stote or foreign	7b, CITIZEN OF WHAT COUNTRY?	I FRAY.	25.1721 48 YRS			
	haurs in by ers. P	(0)	otry)	76. CHIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH			
	be executed within 24 haurs after deoth ond completely filled in by the Little of Fernave corbon papers. Pages 12 and I'm ony event, within 72 hours after death	L	_MQ	USA	WIDOWED DIVORCED	THEDAT	Md.		
	hin 24 filled n pape thin 73	10	ITY OR TOWN OF DEATH	IT NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120	o USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR		
	with Son	L	EgatoN	give street oddress)	Makah	ring most of working life, even 'f retired')	INDUSTRY		
	surf.	130	USUAL RESIDENCE (Where decease	ed lived, if institution: Residence before		DE CITY LIM 15? 13e STREET AND NUMBER			
	completely day corbon y event, will	oom	ssion) STATE Made	13b COUNTY TRIBOT	EASton YES	NO INTRIA	ko st		
	s execut and com remave	14.	ATHERS NAME First	Middle Lost	IS. MOTHERS MA DEN N	NAME First Middle	lost		
	ond rem in on		20006	1-74-11-0-		1			
-		160	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166. SOCIAL SECURITY	NO 17 INFORMANT	Address	as Canpu		
1	physician en please oval, ond	100	es, na, or unknown)   (If yes give w	or or dates of senaral					
( )	मू हिंह है	⊨		218-20-9:		oh Thin	20S		
	he deoth ba ottending p permit. The nan, or remo		1B CAUSE OF DEATH (Enter onl PART 1. DEATH WAS CAUSED	ly one couse per line for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	eot end nit.		TAKI I. DENIH WAS CAUSEL IMMEDIA	TE CAUSE (o) RESP	IRATORY FA	AILURE	2 HOURS		
	offe offer on,		1000	DUE TO, OR AS A CONSEQUENCE OF			4		
	th the the nation		Conditions, if any, which gove		URAL EFF	USION	IWEEK		
	hot n. yy t ons		rise to immediate couse (a) ( stating the underlying couse)	DUE TO, OR AS A CONSEQUENCE OF					
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0	hys gne urio		PART 2 OTHER SIGN FICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT N					
3				Periode Community of Parising Doc In	NOT REDUCED TO THE PERMITTED DISEASE	SE OR CONSTITUTION STIEN IN LAKE 1(0)			
do	din din fr	No.	190 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PI	DECORMED ON AUTORIVO	TOOL OF MEET THOUSAND	CONCORDED IN SERVICION		
	ICIAN: The low repitol or attending rifficote has been defor use as the lot Health prior to	CERTIFICATION		CONDITION FOR WHICH OF CRAHON WAS FI		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFFING		
	된 p 로 e e e e e e e e e e e e e e e e e e		NONE			NO (2)			
	AN: of or cote or us Healt		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port 2,	Item 18)		
	可能指導を	MEDICAL	(If either, notify medical examin	ner) PM. 1	9				
	G PHYSIC the hospi this certi detoched e Dept. of	₹	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET FA	CTORY.) 21f LOCATION Street or R F	F.D. No City or Town	County State		
	this De De		of work of work						
	JING PHYSICIAL by the hospirol fler this certifice be detoched fo Stote Dept. of H	1	22a. I certify that (I) (thi	s hospital) attended the deceas	ed from DCT 28	1967, to MAY 13, 19 opinion death accurred an the d	69 that (I) (wet last		
	A P A P A P A P A P A P A P A P A P A P		saw the deceased a	ive on MAY22	19 <u>64</u> , and that in (my) (se	opinian death accurred an the d	ate and haur and fram the		
	S S S S S S S S S S S S S S S S S S S		causes stated abave	, (i) (we) (did) (did not) view the	bady after death.				
	ECT representation		22b SIGNATURE	a 11 b.	MD ATTENDING		DATE SIGNED		
	be ed	L	John	a Hawkinso	DEGREE PHYS	MED STAFF DIRECTOR DIPHYS. D	7-23-69		
	A Same /	ı	22d. PHYSICIAN S		22e. ADDRESS				
	ER/ d by		NAME (Type) John	A. Hawkinson, M	D. 11 Earl	Le Ave. Easton, Ma	ryland		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low repose 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230.	BURIAL, CREMATION, 23b D	DATE 23c NAMES OF	CEMETERY OR CREMATORY	23d. LOCAT ON (City or Town)	(County) (State)		
	000 P		REMOVAL (Specify)	5/27/65 14,	11 dies	TOPPE	med		
	(# 3	24.	FUNERAL DIRECTOR	ADDRESS	25c. R	REC'D BY REGISTRAR 258, REGISTRAR	S S GNATURE		
	VR A15 (4) J 45M - 1/69		Money W.	Unk Mis	of med and	REC'D BY REGISTRAR 25B. REGISTRAR			
			resurge fr	vasues con	The Uniter		1 6		



2/		r		MARYLAN	D STATE DEPARTMENT	OF HEALTH	
	1		07515	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201	d) 241 m
	•		0.1010		CERTIFICATE OF DEA		07507
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24 hours ofter death	thy the funeral security the funeral security for the four security for the four security for the forth.		ype or print)	1/	Mattan	Month Day	Ypor 12 A
-	r d	3 51		A RACE	S DATE OF BIRTH	14 19 19	FUNDER 1 YEAR   JE UNDER 24 HRS.
a t	es offe			V ** 1 '			MONTHS DAYS HOURS MIN.
2	Pag Pag		FEMALE	WHITE	177	X   -10   0   YRS.	
	2 2		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
	4 海流の		"" LENMA.	DSA	WIDOWED DIVORCED	Tallot	Md.
		10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12	to USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
Ę	corbon ent, with		Santon	give street address)	more	uring most of working life, even if retired.)	INDUSTRY ××
, , , , , , , , , , , , , , , , , , ,	or o	130	USUAL RESIDENCE (Where decec	osed lived, if institution: Residence before	13c CITY OR TOWN , 13d. INS	IDE CITY LIMITS? 130. STREET AND NUMBER	
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	<u> </u>		es, no, or unknown) (If yes give	war or dates of service) 2 14-18-C		CONARD-STEVENSE	Line Ma
1	physi en pl ovol,	L	No	714-19-0	Jes Liksikald F	LONARD- DIEVENSE	APPROXIMATE INTERVAL
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i c	ons rem		rise to immediate couse (a), stating the underlying couse	BUT TO AB AC A CONCEDURAGE OF			
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· =	of or otherding physician. It is not the aftending physician. It is not been signed by the attending physician to be not the beautiful transit permit. Then put the last the beautiful transition or removel, the last the beautiful transition or removel, the last the	ı	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 1(a)	
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	[ 음 왕 돌기	12	210 ACCIDENT WAS UNDERLYI	ING 216, TIME OF INJURY		(Enter noture of injury in Port 1 or Port 2, 1)	193
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5	prification of the	MEDICAL	(If either, notify medical exam	iner) P.M. 1			
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Ž	by be stat		22a I certify that (1) (t	his hospital) ottended the deceas	ed from 2-10	, 1969, to 3-2, 191	(eq_, that (1) (we) last
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	CTOR:			re, (1) (we) (alay (ala flot) view line			
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<b>Z</b>	Pa Pa De f		22d. PHYSICIAN S NAME (Type) Prober	t W. Trover	M. D. Easto	n, Maryland 21601	5/3/69
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_	1	MAK	STEAD STATE DEPARTMENT OF HEALTH	
10		07516 DIVISION OF VITAL REC	ORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	07508
10	L		CERTIFICATE OF DEATH	01308
e oth	1	ECEASED NAME First Middle Type or print) SALIC G	Di	Year 9 12 7 M
	3		S DATE OF BIRTH AGE (n years	F JMDER 1 YEAR IF LADER 24 HRS. MOINTHS DAYS HOURS MIN
homrs n by i	70	BIRTHPLACE (State or fareign   7b. CITIZEN OF WHAT COUNTRY?		
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ofe be executed within itian and completely fease remaye carbon and in any event, with	13 ad	USLAL RESIDENCE (Where deceosed lived, if institution Residence issian) STATE Add 13b COUNTY Talbot	before 13c CPTY OR TOWN 13d MSIDE CTY LIM IS? 13e STREET AND NUMBER YES X NO 112 Talbot S:	
and core	14	FATHER'S NAME First Middle Frank Saathoff	Lost 15. Mathers maden name First Middie Hilka Jelden	Lost
The law requires that the death certificate be executed within 211 hours after attending physician. has been signed by the attending physician and completely filled in by the iss as the burial-transit permit. Then please remaye carbon papers. Pages the priar to burial, crematian, ar remayal, and in any event, within 72 hours affect.	16	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SE		
nov her p		18. CAUSE OF DEATH (Enter only one couse per one for (a), (b)	والمنافذة	APPROXIMATE INTERVAL
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tion be a distributed by the period of the p		Conditions, if any, which gave )	ENCE OF	
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at a star X			YES NO CAUSES OF DEATH?	
AN Signature Hearth	MEDICAL CEL	210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day P.M.	21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, It	em IB.)
O HOSPITAL OR ATTENDING PHYSICI Pagm 4 may be retained by the haspit of FUNERAL DIRECTOR: After this certif director, page 3 should be detached is should be filed with the State Dept. of	W.	21d INJURY OCCURRED While Not while of work of work	STREET, EACTORY 1 216 LOCATION Street of P.E.D. Mo. City of Torres	Caunty State
NG V ti te d tate	П	22a. I certify that (I) (this haspital) attended the d	deceased from Mane 1967, to 5-2 196	og , that (1) (we) last
TEND inned book a very series of the Shirthe S	ı	saw the deceased give an 5-2 causes stated above, (1) (ad) (ad) (aid nat) vie	19 69, and that in find (aur) animon death accurred on the dat	e and haur and fram the
OR ATOPE retainment of the state of the stat		226 SIGNATURE Robert W. Trev	ATTENDING MED TAFE	ATE SIGNED
TO HOSPITAL OR ATTEN Pagill 4 may be retained TO FUNERAL DIRICTOR: director, page 3 should should be filed with the		22d PHYSICIAN'S NAME(Type) Robert W. Trever	M. D. Easton, Md. 21601 5/3/	
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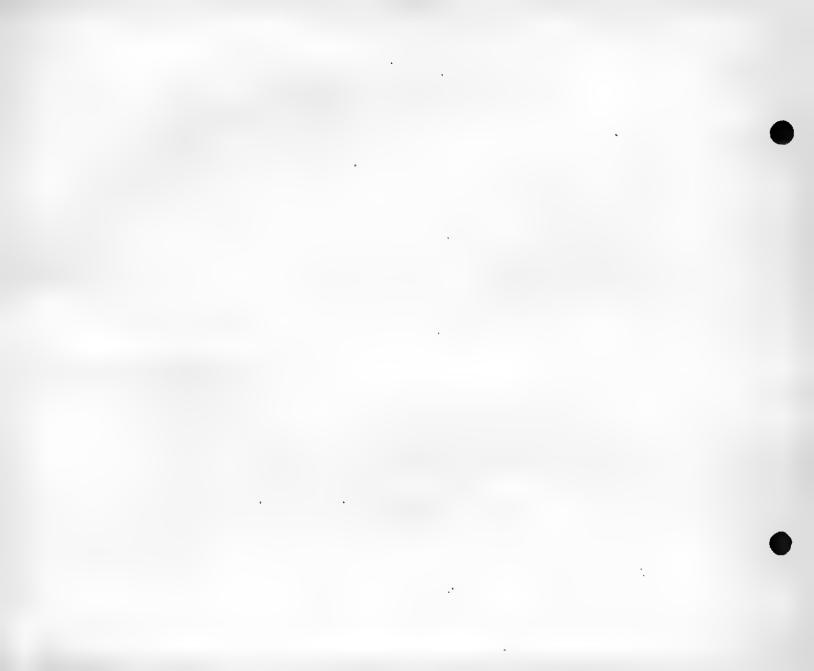
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			-	07517	DIVISION OF VITAL	RECORDS, 301 W. PR CFRTIFIC	RESTON STREET, BAI ATE OF DEATH	LTIMORE, MARYLAND 21201	7509
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	S S		7 <sub>0</sub> P		76. CITIZEN OF WHAT COUNT			9. COUNTY OF DEATH	
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	n 24 illed pap pap		10. C	TY OR TOWN OF DEATH	II NAME OF HO	SPITAL OR INSTITUTION (If no	at in hospital 120 US	UAL OCCUPATION (Kind of work done	Md.
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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the poeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Process I and should be filled with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 har process.	1	13a admi	USUAL RESIDENCE (Where decease ssian) STATE	19E COUNTY ( )		TOWN +3d INSIDE CITY		
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	ficate by sician please	Ť	160.	WAS DECEASED EVER IN U.S. ARM		AL SECURITY NO. 17.4N	12 ar ba	Address A	12.13eh
	rifid Shares		Y	as, na, ar unknown) (If yes give with	y of dates of service)	f(l)	gerome	7	ock, Md.
	he death certify attending phy permit. Then tian, ar remaval			18. CAUSE OF DEATH (Enter online PART I. DEATH WAS CAUSED	y ane cause per line for (a),	(b), and (c).)	A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	The raff	4 ]	RTF				YEZ NO S	<u> </u>	
	AN: al al icate far a Hea			210. ACCIDENT WAS UNDERLYING CAUSE OF CEATH		Day Year 21c. HO	W INJURY OCCURRED (En	ter nature of injury in Port 1 or Port 2,	Item 18.)
	SICI Spit Spit errif errif Tof			(If either, notify medical examin 21d. INJURY OCCURRED   21g.		19	CATION CALL DED A		f
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in			While Not while		ARM, STREET, FACTORY, 21f. LO			County State
	by ther there is the start Start		H	22o. I certify that (I) (thi	s hospital) attended the	ne deceosed from	4-13, 19.	69, to 12y 11, 19 pinian deoth occurred on the de	69, that (I) (we) last
	ned ned R: A	_		couses stated above	(1) (we) (did) (did not	view the body after d	i that in (my) (our) o leoth.	pinian deoth occurred on the d	ote and hour and from the
	OR ATTEND be retained DIRECTOR: A je 3 shauld ed with the	.		22b SIGNATURE	1-1100			MED STAFF 142.	DATE SIGNED y 12, 1969
	DIRE DE P	/		Juple	is Co	DEGRI	171 4	DIRECTOR PHYS. DIAG.	y 12, 1909
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be file			22d. PHYSICIAN'S NAME (Type) Steph	en P. Garnev	To D	P.O. Box	929, Easton, Ed.	21601
	HOSI Je 4 UNI ecto auld		23a	ByRIAL, CREMATION, 236. D		c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(Caynty) (State) )
	5 5 5 F		6	REMOVAL (Specify)	113/6/ 10		Good Louns	el Searctary	Dor. Md.
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1 2	07518 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07510
4	CERTIFICATE OF DEATH
-2-	1. DECEASED NAME First Middle lost 4 20 DATE OF DEATH 124 MOUID
de d	(Type or print) Wares Clase health to a land whom the day year a start of
单 【 】	3 SEX S. DATE OF BIRTH 6 AGE NO YEAR FUNDER 1 YEAR FUNDER 24 MRS.
£ \$ \$ \$	S. DATE OF BIRTH  MAR (2 1908   6 AGE (10 years   IF UNDER 1 YEAP   F UNDER 24 MRS.  MONTHS DAYS HOURS MIN
by the Page	70. BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 h	MIDOWED DIVORCED 1
within 24 hours lely filled in by thon popers. Par	10 CITY OR COWN OF DEATH.  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital or in hospital
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and completely filled in remove carbon popers.	130 USUAL RES DENCE (Where deceosed lived if institution: Residence before odmission) STATE 130 USUBLE (ITY OR TOWN 3d INSIDE CITY MISS? 13e STREET AND NUMBER 130 USUAL RES DENCE (Where deceosed lived if institution: Residence before 13c (ITY OR TOWN 3d INSIDE CITY MISS? 13e STREET AND NUMBER 13c (ITY OR TOWN 3d INSIDE CITY MISS? 13e STREET AND NUMBER
	14 FATHERS NAME First Middle BROOKS IS MOTHERS MAIDEN NAME First Middle GROCE
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L OR ATTENDING PHYSICIAN: 1 be retained by the hospital or DIRECTOR: After this certificate ge 3 should be defoched for us led with the State Dept. of Healt	While Not while of work of work of work
DIN by Stot	22a. 1 certify that (I) (this haspital) attended the deceased from 1/6, 1940, ta 4/7, 1962, that (I) (we) last saw the deceased alive and 1/2, and that in (my) (aur) opinion death accurred an the date and hour and from the
TEN ined puld the	saw the deceased alive an 1/19, and that in (my) (aur) opinion death accurred an the date and hour and from the causes stoted abave, (I) (we) (did) (did nat) view the body after death.
OR ATTENION OF ATTENION OF ATTENION OF ATTENION OF STREETOR: A STROUGH OF STR	22b SIGNATURE 22c DATE SIGNED
OR be be 38 3 led y	Justin / Callahay Me DEGREE PHYS DIRECTOR DIFFERENCE DISTANT
O HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the hospit O FUNERAL DIRECTOR: After this certif director, page 3 should be detoched is should be filed with the Stote Dept. of	220 ADDRESS NAME (Type) USTIN T. CIBLLAHAN BUXILOR FACTOR
TO HOSPITAL Poge 4 may TO FUNERAL director, pog	280) BURIAL, CREMATION, 230. DATE 11, 1969 230 NAME OF CEMETERY OR CREMATORY 230-TOCATION (C ty or town) (County) (State)
VR AIS NA	24 PUNERAL DIRECTOR ) ABORESS   250 BEL D. BY REGISTRAR   256 REG STRARS SIGNATURE
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- 1 -	MARYLAND STATE DEPARTMENT OF HEALTH
15	07519 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07511
T	CERTIFICATE OF DEATH
= 7 <del>=</del> 2 <del>=</del>	DECEASED NAME First Middle Lost 20 DATE OF DEATH 26 HOUR
and 2	(Type or print) Louis Jacob Roch 5 Manth 2 Doy Year 9 830
11年一章	SEX S. DATE OF BIRTH 6. AGE (In years FUNDER YEAR IF UNDER 24 HRS
ag ag a	MALE WHITE AUG 20 1899 lost birthday) YRS MONTES DAYS HOURS HIM
Jag anno	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARR ED COUNTY OF DEATH
attending physician and campletely filled in by the fur permit. Then please remove carban papers. Pages I am, or removal, and in any event, within 72 hours after	LATROBE PA. U.S. A. WIDOWED DIVORCED TAILOT
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cate sicio plea , an	60 WAS DEGEASED EVER IN U.S. ARMED FORCES? Yes, napor Inknown) 1 1 yes give war or doles of service)  Address  STEVENSVILL
Phy en aval	100 XI805 3104 SUFFIRE RUCH MANKOF MANOK RO MO
	18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY
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aff per ian,	DUE TO, OR AS A CONSEQUENCE OF
at the the ssit p	rise to immediate cause (a) (b) Coxordary 2x/toxio 4c/toxo614
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requires that the death certificate be executed withing physician.  signed by the attending physician and campletely fise burial-transit permit. Then please remave carban a burial, crematian, or remaval, and in any event, with	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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The Identification of	CALIFEC OF DATES
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OR ATTENDING PHYSICIAN: De retained by the haspital or SIRECTOR: After this certificate 3 should be defacted for the	While Not while Carry of Garage
o de tra	ot wark of work of work of this hospital) attended the deceased from, 19, to, 19, that (I) (we) last
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OR SILE	
RECT 3 st	22b SIGNALTING MED STAFF 22c DATE SIGNAL
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detacted far use as the should be filed with the State Dept. af Health priar ta	22d PHYSICIAN'S NAME (Type) E.C. H. Schinidt 22e ADPRESS 125 HOLD, Maryland
HOS Guire	BO BURIAL, CREMATION, 23b PATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (State)
0 Pa 5	BUNGETY NAY 24, 1969 MORELAND MEM. PKCEM. BALTIMORE MARYLAND
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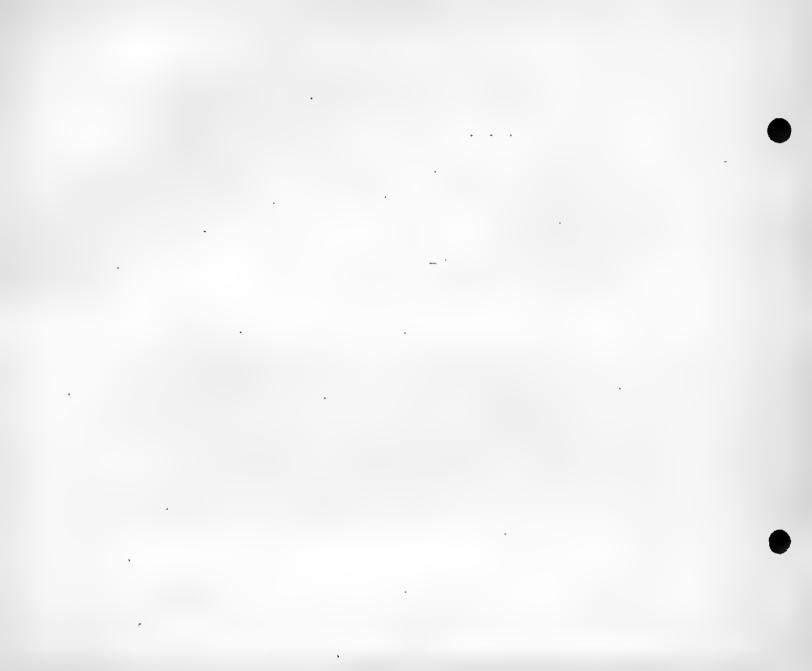
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			MARYLAND STATE DEPARTMENT OF HEALTH	
	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
F			07512	
	r death. iuneral l and 2 er death.	1 DI	CEASED NAME First Middle Loss 20 DATE OF DEATH  OPE or print) Fill Month Doy Years 126 HOL	UR 27/hJ
	affe affe	3. SI	S. DATE OF BIRTH  S. DATE OF BIRTH  (3/4//894)  6. AGE (In years if UNDER 1 YEAR IF UNDER 24 HOURS 1/4 HOU	HRS.
	by the	70 l	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	r filled in paper in paper	10. 0	TY OF TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work and during most of work and life, even if refined)  12b. KIND OF BUSINESS OR during most of working life, even if refined)	Md. R
	be executed within 2 and campletely filled remove carban pag in any event, within		USUAL RES.DENCE (Where deceased lived, if institution; Residence before   13c (ITY OR TOWN   13d WISIDE (ITY LIMITS?   13e STREET AND NUMBER   13b COUNTY   13b C	
	emave any ev	14	ATHER'S NAME First Middle Lost IS. MQTHER'S MAIDEN NAME First Middle Lost	
	(a) 1 5 5 E		AMES F. CHEEZUM ANNIE SIGMAN	
	requires that the death certificate be g physician. I signed by the attending physician of burial-transit permit. Then please r a burial, crematian, ar remaval, and in		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17. INFORMANT  220-32-0443  17. INFORMANT  220-32-0443  AMES W. ROE EASTON, MD.	
	ng pł Ther		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY.	Th:
	Jeath Tendi mit.		IMMEDIATE CAUSE (0)	
	the at per		Conditions, if ony, which gove	
	hat n. sy th ansi		rise to immediate cause (a), (b). Stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	res l sicia led t ial-tr		lost. (c)	_
•	The law requires that the death ce attending physician. has been signed by the attending se as the burial-transit permit. The priar ta burial, crematian, ar remember the second control of the priar ta burial, crematian, ar remember the second of the prior to burial, crematian, ar remember the second of the se	NS.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	The law attendin has bee se as the priar t	CERTIFICAT 0	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH?	
7		MEDICAL CERT	21o. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)    OR CONTRIBUT NG   CAUSE OF DEATH   HOUR A.M. Month Doy Year   P.M.   19	
	ATTENDING PHYSICIAN stained by the haspital of CTOR: After this certificat should be detached for iff the State Dept. of He	WED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. City or Town County Stoth While of work at work	le
	by the truck the design of the		220. I certify that (I) (this hospital) attended the deceased from green, 19 64, to 2 may, 19 69, that (I) (we) sow the deceased olive on 1969, and that in (my) (our) aprilian death occurred on the date and hour and from	-lost
	ATTEND etained   CTOR: Al should B		couses stoted obove, (I) (we) (did) ( <del>did not) v</del> iew the body ofter death.	1 1116
	OR ATTEND be retained DIRECTOR: A je 3 should ed with the		22b. SIGNATURE  DEGREE PHYS.  DEGREE PHYS.  DEGREE ATTENDING DIRECTOR DIREC	
	D HOSPITAL OR ATTENE Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) Stephen P. Carney M. D. 22e ADDRESS Easton, Maryland 21601 5/6/69	
	Page 4 may be retained by the haspital ar  Fage 4 may be retained by the haspital ar  For Funeral Directors. After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Heal	230	BURIAL CREMATION, 236. DATE 23c, NAME OF CEMETERY OR CREMATORY PRESTON, (City or Town) (State)	
	VR A15 4	24	FINERAL DIRECTOR  ADDRESS  ADD	
	1 1	4		

and with their

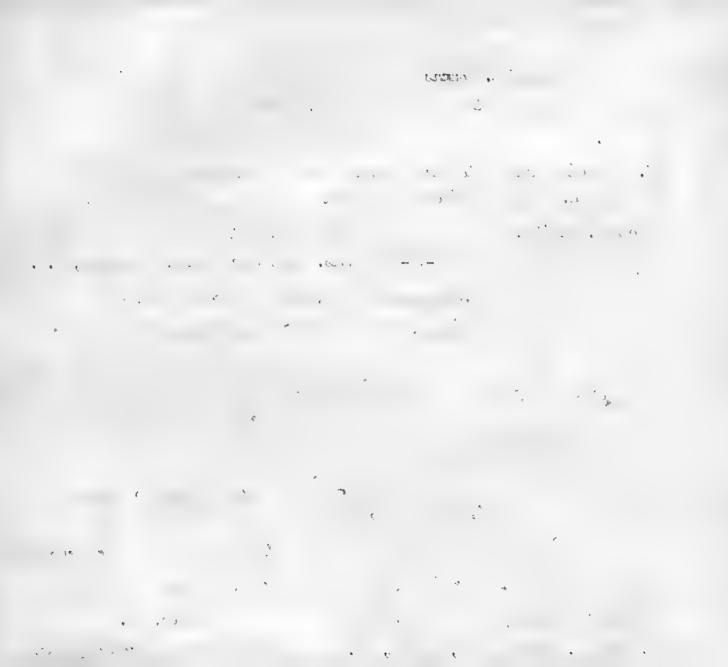
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1	1		DIVISION OF VITAL RECORDS	AD STATE DEPARTM			
		07521		CERTIFICATE OF	DEATH	, MIAKTEAND 21201	07513
nours after death.  by the funeral  Rages I and 2			M ddle	a Roo		ATE OF DEATH  Month  Doy	Year 9 10 30
hin 24 hours after d filled in by the fune n papers. Pages 1 o	3. 5	Female	4. RACE White	S DATE OF PA	22 <b>, 1</b> 89	6 AGE (in years last burthday) YRS.	FUNDER I YEAR IF JMOER 24 HRS. MONTHS DAYS HOURS MIN
d in by	Equ	Maryland	The CITIZEN OF WHAT COUNTRY?		KCED 🗀	Tabbot	Md
e executed within 24 and completely filled remove carbon page in any event, within		CITY OR TOWN OF DEATH  F-a 5" to M	give street address)	STITUTION (If not in haspital	120 USUAL OCCUP	PATION (Kind of work done orking his even if retired )	126 KIND OF BUSINESS OR INDUSTRYONE
campletely fi	adn	Maryland	ed lived, finstitution: Residence before	Ridgely	3d INSIDE CTY JAMITS? YES NO NO	13e. STREET AND NUMBER None	
icate be executivisician and campe every and in any every		FATHER'S NAME First  James Goo		IS. MOTHER'S MA	Janie	M ddle Gopson	Last
physician phase noval, and in	160	WAS DECEASED EVER IN U.S. ARM	AED FORCES?  Aer or dates of service)  16b. SOCIAL SECURITY 219-03-		iam Roop	Address Goldsboro,	Maryland
it the death c the attending sit permit. The nation, ar rem		PART I. DEATH WAS CAUSED IMMEDIA  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF CONTROL OF CONSEQUENCE OF CONSEQUEN	al thromb	bosik orios Q		APPROXIMATE INTERVAL BETWEEN ONST AND GRAIN H days Uncertain
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOM: After this certificate has been signed by the director, page 3 shau d be detached for use as the burial-transit shauld be filled with the State Dept. af Health priar ta burial, cremat	CERTIFICATION	arteriore	IDITIONS CONTRIBLTING TO DEATH BUT I  PENOTO: Reart  CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOF	NO [	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
DING PHYSICIAN I by the hospital of After this certifical be detached for State Dept. af He	MEDICAL	or contributing ( cause of death		9		af injury in Part 1 or Port 2, li City or Town	County State
R ATTENDING P retained by th RECTO : After 3 should be d with the State		22a I certify that (I) (thi saw the deceased al causes stated above 22b SIGNATURE	is haspital) attended the deceasive an 3-2-3 (i) (ii) (did nat) view the				e and haur and fram the
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shou d Shauld be filed with the		Robe 22d PHYSICIAN'S	et W. Trever M.	22e ADDR		STAFF D 5	-3-69
O HOS Page 4 D FUNI directo	23a		DATE 23c NAME OF	CEMETERY OR CREMATORY	23d L	OCATION (City or Town)	(County) (State) aroline, Md.
VR AI	24/ -}	FUNERAN DIRECTOR	ser Luens	, ,	250 REC D BY REGIST	1969 256 REGISTRAR'S	



7	07522 DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIMO CERTIFICATE OF DEATH	DRE, MARYLAND 21201 07514
2 2 20 3	1. DECEASED-NAME First Middle		o. DATE OF DEATH
# 15 de 18 d	(Type or print) Margaret M. Rowens	Frost	5 Month 23Day 1969
affer th tages of	3. SEX	5. DATE OF BIRTH 4/11/1887	6. AGE (In years IE UNDER YEAR IE UNDER 24 HRS Id Shirthday) MONTHS DAYS HOURS MIN
24 haurs and in by the pers. Pege 72 haurs	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9. C	OUNTY OF DEATH
nin 24 filled in paper thin 72	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INS	WIDOWED 🔼 DIVORCED	Talbot Md
₹ ₹ 5°3/0	St. Michaels (Rural) Rio Vista Nu		CCUPATION (Kind of work done of working life, even if retired ) INDUSTRY
icate be executed within sician and completely fiplease remave carbon i, and in any event, with	130 USJA. RESIDENCE (Where deceased lived if institution Residence before odmission) STATE Md. 13b. COUNTY albox	13c_CITY OR TOWN 13d INSIDE CITY LIMITS?  YES X NO	
ond cond cond in any	14 FATHER'S NAME First Middle Lost  John R. Mullikin	15 MOTHER'S MAIDEN NAME First Mary (haplain	Middle Lost
that the death certificate be executed an. by the ottending physician and completions permit. Then please remave consist permit. Then please remave consist permit.	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (17 yes give wor or dates of service) 220-46-2	O 17. NEORMANT	Toontz, Greensboro, N.C.
rertif p ph) hen nova			APPROXIMATE INTERVA.
ne death cer offending p permit. The	PART DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)	Cerebral H	empt lare (2 HP
that the death certifi an. by the ottending phy tronsit permit. Then cremation, or remova	Conditions, if ony, which gove)  DUE TO, OR AS A CONSEQUENCE OF	O atlansa	Derrain URS
thot to an. by the tronsit cremal	rise to immediate cause (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	(1,000)30	
Squires the physician. Signed by bur of-fron buriof, creation,	lost. (c)	T DELATED TO THE TERMINAL DISEASE OF CHILD TO	TIAN OVER MI DANS
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	elli-francisco orcond	ITION GIVEN IN PART I(o)
AN: The low rate of the state o	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
YSICIAN: The ospital or att certificate ha hed far use by: af Health I			ure of injury in Part 1 or Port 2, Item 18.)
2.42 温 ラ ち	(If either, notify medical examiner) P.M. 19	OPY ALC LOCATION Charles B.F.O. No.	
PH ne h this efactor Dep	While Not white Office Building, ETC.		City or Town County State
ATTENDING stained by th TOR: After is should be d ith the State	22a. I certify that (I) (this hospital) effected the deceased saw the deceased alive an 15 causes stated above, (I) (we) (d d) (did not) view the b	d many and that in (my) (out) appoint	, to the detailed the detailed hour and from the
ECTOR: Should with the	couses stated above, (I) (we) (d d) (did not) view the b	ody after death.	
OR OR See 3	8 Kiecu 11	DEGREE PHYS MED DIRECT	TOR PHYS D 22c. DATE SHINED 5 69
PITAL may ERAL ( pr., pag	22d. PHYS CIAN'S S. KRECH T	R 22e ADDRESS EM	TTON MO.
TO HOSPITAL Page 4 may t TO FUNERAL director, page	230 BURIAL (REMATION, 23b DATE 23c SAME OF C Spring	EMETERY OF CREMATORY 23	d Location (City of Town) (County) (Stote)
VR ALSONO	24 FUNERA DIRECTOR E. NEUNAM & SON, Easton,	250 PEC'D RV PE	

MARYLAND STATE DEPARTMENT OF HEALTH





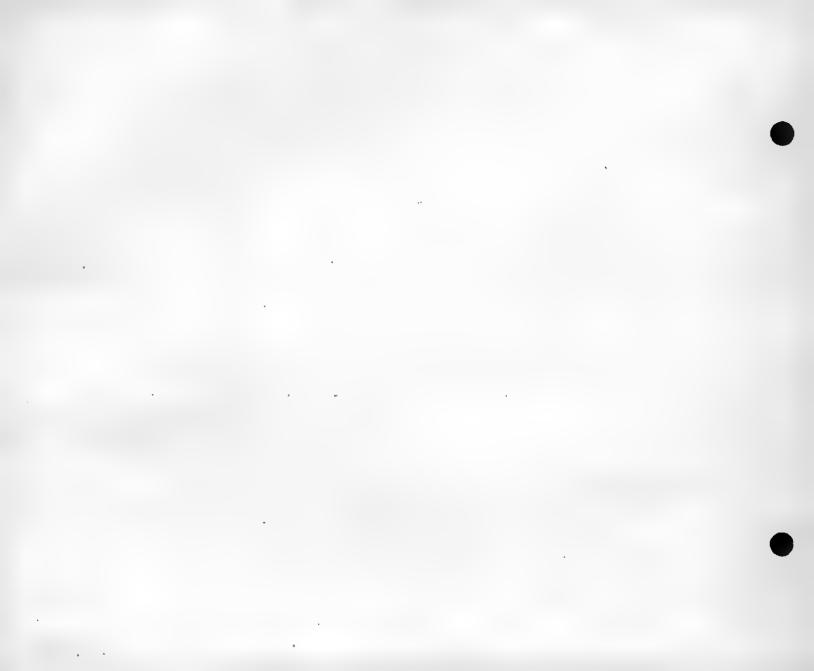
<del>-</del> 1	Item? FilmG412 5/23/69 kkMARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	07524 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07516
HEALTH DEPT.	1 PLACE OF DEATH o COUNTY TRIBOT  MARYLAND  LITY OR TOWN (if outside corporate imits, write RURAL and give nearest town)  2 USUAL RESIDENCE (where deceased lived is institute to STATE	Queen Ann
Pages 1, 2, with farm Pe State Depar	Trappe d NAME OF HOSPITAL OR NSTITUTION (IF not in hospital, give street address)  27 North Street  3 NAME OF First Middle Lost 4 DATE Month	e IS RES DENCE ON A FARM? YES NO [X]
fire along was with the death.	DECEASED (Type or print)   Wilkiam   Martin   Smith	Doy Yeor  18 1969  IF UNDER 1 YEAR SF UNDER 24 HRS Manths Days Hours Min  12 CITIZEN OF WHAT COUNTRY?
should be executed within 24 to word "pending" in pencil in the Chief Medical Examinet's burid-transit permit. File pages to any event within 72 hours after	Joseph J. Smith  15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor ar dotes af service)  213-18-3112  Lillian Brooks Address	
rert ficate shauld be e writing the word "pen rwarded ta the Chief M sed as a burial-transit, al, and in any event w	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse (b).  [bost.]  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH (b), and (c) PART I DEATH (c) PART I	INTERVAL BETWEEN ONSET AND DEATH
	PART I OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH  201 TIME OF INJURY Month, Day, Year 201 INJURY OCCURRED CONTRIBUTION While Not While foctory, street, office bidg, etc.)	19 WAS AUTOPSY PERFORMED? YES NO
rtal Exam execute th rar, Page 4 ed for your CTOR: Page urial, crema	21 I certify that I taak charge of the remains described above, held an Autopsy , Inspect on , Inquir death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined man	,
TO DEPUTY MED- necessary, please the funeral direct 5 may be retain TO FUNERAL DIRE Health prier, to b	ACTUAL SIGNATURE  SIGNATURE  EXAMINER'S  NAME (Type)  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)  230 BURIA , CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	22. DATE SIGNED  1 (County, (State)
5 ± 5 5 ±	burial 5/20/69 St. Peters Queenstown,	Q.A., Md
VR A15ME (1)		ISTRARS SIGNATURE



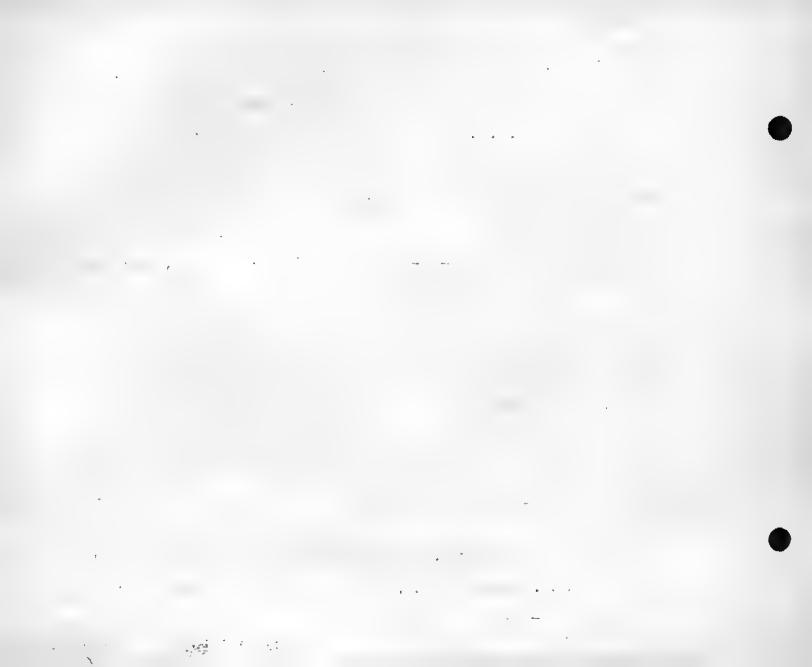
,				MARILAND STATE DEPARTMENT OF REALTH	
			07525	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	01 0
			07023	CERTIFICATE OF DEATH	07517
	de d		CEASED NAME PIrst ype or print) Robe	Staffed for Death Month	Day Year 2b Hour of AM
	requires that the death certificate be executed within 24 hours after death g physician.  I signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Page 1 and a burial, crematian, or remaval, and many event within 72 hours atterwished.	3 5	male	4 RACE S PART OF BIRTH 6. AGE (19/17 loss birtholay)	S IF UNDER LYEAR IF JINDER 24 HRS MOINTHS DAYS HOURS MIN
	hour in by rs. P	70 cau	IRTHPLACE (Stote or foreign try)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	n 24 Illed pape	10 (	ITY OR TOWN OF DEATH	WIDOWED DIVORCED QUE OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work of	Md. 12b KIND OF BUSINESS OR
	withi ban with		Faston	give street address)  during most of working life, everyfiret r	ed) INDUSTRY
	ate be executed within 24 hours in cape and campletely filled in by the lease replace carban papers. Pa and than any event within 72 hours	13a adm	USUAL RESIDENCE (Where deceases ssion) STATE	ed lived, if institution Residence lefore 13c City OR TOWN 13d Inside CTY L MITS 130 -STREET AND NUMBER 13b COUNTY YES NO X	8
	be excepted for the condition of the con	14,	ATHERS NAME FITT	Middle Jast Is MOTHERS MAIDEN NAME First Middle CALLY JOHN SAME FIRST MIDDLE STATE OF THE MIDDLE STATE OF	the Staller do
	ne death certificate be execut attending physician and camp permit. Then please regiave ian, or remaval, and-many eve			NED FORCES? 166 SOCIAL SCEURITY NO 17, INFORMANT LIGHT OF SOLVER	That was
	ath cer ding p it. The		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI IMMEDIA	y ane cause per line far (a), (b), and (c))  D BY  OFF (ALISE (a) Historiatulus muunina	APPROXIMATE INTERIAL BETWEEN ONSET AND DEATH  10 Clarge
	he dec atter perm ian, o		5699 Conditions if only, which gave	DUE TO, OR AS A CONSEQUENCE OF	1 = 0
	equires that the physician. signed by the burial-transit to burial, cremati		rise to immediate cause (a), stating the underlying cause	(b) DUE TO, OR AS A CONSEQUENCE OF,	18 dry
N	equires the physician. signed by burial-traiburial, cre		last	(c) Shorth for to gashoutesterns hemorine by part (c)	Gener 18 clays
V	ing plansing	N.	dialate	marginal class	
Ω.	The law re attending has been se as the th prior ta	CERTIFICAT.ON	19g. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b 1F YES, WERE FINDING CAUSES OF DEATH?	NGS CONSIDERED IN CERTIFYING
ν	CIAN: ital ar ifficate for us	ICAL CER	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. Manth Day Year	rt 2, Item 18)
	PHYSICIA he haspital this certific letached fa	MEC		PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21F LOCATION Street or R.F.D. No. City or Town	County State
_	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 shauld be detached far use as the burial-transit permit. Then planded be filed with the State Dept of Health prior ta burial, crematian, or remaval,		22a. I certify that (1) (the saw the deceased a courses stated above	s hespital) attended the deceased from, 19 6 7, to may nve an, 19 6 7, and that in (my) (our) apinion death accurred on the fill (we) (did) (did-not) view the bady after death.	, 19 <u>6</u> %, that (1) (we) last e date and havr and from the
	R ATT e retail RECTO 3 sho d with		22b. SIGNATURE	ATTENDING MED STAFF	22¢ DATE SIGNED  S = ( - ( S
	may by Mark Discourse Property		22d PHYSIC AN S NAME (Type)	DEGREE PHYS LA DIRECTOR LA	
	Page 4 may by Funeration page should be file	23a	BURIA., (REMATION, 23b I	DATE/ 234 NAME OF CEMETERY OR CREMATORY 234 OCATION (City or Town)	(County) (State)
	VR AISOM		REMOVAL (Specify)	ADDRESS ADDRESS WAS REED BY REGISTRAR 250 REGIST	TALLE MARY ONE
	45M 1\80	L	Grome Trangel	as fr. 1 deralstrug, they tank MAT 3 1969 felice	res Judge



11			1			ID STATE DEPARTMENT			
4		_	L.	1950C	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET	T, BALTIMORE, N	IARYLAND 21201	
f	•			<del>17</del> 526		CERTIFICATE OF DE		07	518
	2		1. D	CEASED-NAME First	- Middle	Lost		OF DEATH	
	death. neral ond 2 deoth.			ype or print)	A state	1:1.1	20. DATE	Mouth Day	2b. HOUR
	de		_		ua Corri	MI JUAN	Man	- Mais 2:	1-19/9/22 M
			3 5		4 RACE	S. DATE OF BIRTH		6 AGE (n years - 1	FUNDER 1 YEAR F JINDER 24 HRS
				Female	Negro	April	8,1900	lost britishop)  YRS.	ONTHS DAYS HOURS MIN
	7 70		7o	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9 COUNTY	OF DEATH	/
	24 h d in Pers. 72 h			"Maryland	USA	WIDOWED DIVORCED		Talha	Md Md
	executed within 24 ho decompletely filled in emaye corbon papers. any event, within 72 ho		10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN: g ve street address)			ON (Kind of work done ng life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY None
	wi erely orbo		130	IISHAL PESIDENCE (Where decens	ed lived, I institution Residence before	DV DV I LAN		CYNCER AND ADDRESS	None
	omple omple over even		odm	ssion) STATE rylan	d Vb COUNTY Talbot			street and number 4 Pleasant	Street
	S JES	į.	14. 1	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN		Middle	Lost
	a a L			Henry	Thomas	Nora		Des	
	te ign oos oos oo		160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY			yddrose DT.	eeze
	requires that the death certificate be executed within 24 hours after g physician.  signed by the ottending physician and completely filled in the test a burial-transit permit. Then please remaye carbon papers. Pages 1 a burial, cremation, or remayol, and in any event, within 72 hours after		Y	es, no, or unknown) (If yes give w			ghman 54	Address Ma F Pleasant	Stituston
	But Die		'	18. CAUSE OF DEATH (Enter onl	y one couse per line for (o), (b), and (c).	)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	at indi			PART I. DEATH WAS CAUSED	<sup>  BY:</sup> TE CAUSE (0) <u>Cardio-Pu</u>	llmonary Fail	ure		36 Hours
	of de			4120	DUE TO, OR AS A CONSEQUENCE OF				30 110013
	the tree tree tree tree tree tree tree t		Ι,	Conditions, if any, which gave )		ascular Acci	dent		36 Hours
	y #			rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF	ADCALAL MCCT	denc		30 Hours
B	s the cigar and			stating the underlying couse	,	ive Cardio-V	72 2011 22	Diagram	10 370000
YY.	equires the physician. signed by burial-tron burial, crei			warm.					10 Years
10	Prince of the pr				DITIONS CONTRIBUTING TO DEATH BUT N				
11	The law recatending places been some street some street the been some street the between t		No	Carcinoma o	f Vulva 1960, Ca	rcinoma of E	ndometri	um 1967, Bo	th Treated
1/1	The law attendir hos bee se as th h prior t	V	CERTIFICAT	190. DATE OF OPERATION 196 (	ONDITION FOR WHICH OPERATION WAS PE	REFORMED 200. AUTOPSY?	20b	IF YES, WERE FINDINGS CONS	SIDERED IN CERTIFYING
	The aff	$\wedge$	TIE			YES 🔲	NO [ CAU	SES OF DEATH?	
	orte edi			21o. ACCIDENT WAS UNDERLYIN		21c HOW INJURY OCCURRE	ED (Enter nature of 11	njury in Port 1 or Port 2, Iter	n 18.)
	<b>9</b> 5		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year er) P.M. 19				
	YSI cosp cer chec		ME		PLACE OF INJURY (AT HOME, FARM, STREET, FAC		R.F.D. No. C	ify or Town	County State
	ATTENDING PHYSICIAN: stoined by the hospitol or CTOR: After this certificate should be detoched for out the State Dept. of Heal			While Not while at work	OFFICE BUILDING, ETC.				county state
	w the educate			22a L certify that (I) (the	scherontal) attended the decores	od from Doc 10	1969 to 3	/au 22 10.6	O that III I to make land
	A Pos			saw the deceased al	ive on May 2.3	969 and that in (my) (a	_, 17 <u>0.0</u> , M <u>w</u>	accurred on the date	and have and from the
	TEN THE THE			causes stated abave	対ななない。) attended the decease ive an <u>May 23</u> 。 , (I) <b>(なか) (did nat)</b> view the I	bady after death.	and a contract and a contract a c	raccorred all the date	and nation and right the
	A She			22b. SIGNATURE	0.0	440		22c DAT	E SIGNED
	OR ATTENI be retoined DIRECTOR: A le 3 should ed with the			1/o-lin	a Deuntinson	DEGREE PHYS	MED DIRECTOR C	STAFF D 5	-25-69
	A L			22d. PHYSICIAN B	, , , , , , , , , , , , , , , , , , , ,	22e ADDRESS	U DIRECTOR	1110 -1 -	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to			NAME (Typle) John	A. Hawkinson,		arle Ave	., Easton,	Marvland
	UNI UNI OLI		230	BUR AL, CREMATION, 23b. D		CEMETERY OR CREMATORY			(County) (State)
	Pag Pag dire		130	DEMOVAL (C E.)					' ' '
	5-5-	10	2/	NUMBER OF THE COUNTY OF THE PARTY OF THE PAR	28/60 Rich	ards Kemoria	AL LAST	on Talbot 1	
	VR A15		24.	niell	Funeral Homers	26 Bover St 250	MAY 29 1	969 Kuane	An year the
	45M - 1/8	5.21		Lattada	- Mash	ext DAT	MAY 29 1	304	10



_	1	AREAR			E DEPARIMEN				
		07527	DIVISION OF VITAL RECO				E, MARYLAND 21201	075.0	
					ICATE OF D	EATH		07519	)
를 무성된 		ECEASED NAME First	Middle	9	Lost	20	DATE OF DEATH		2b. HOUR
death. neral and 2 géath.	L'	MARYJAN	IE	711	LLER	Ì	Month Do	5 69 L	8/5 M
10 10 10 10 10 10 10 10 10 10 10 10 10 1	3 2	-asis	4 RACE		5. DATE OF BIRTI	H /	6. AGE (In years	IF UNDER 1 YEAR F U	NDER 24 HRS.
rs after death		FEMALE	NEGROE		3/13	5/1906	last birthday)	MONTHS DAYS HO	URS MIN.
by you noun		B.RTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRI	ED NEVER MARRIE	P. COL	INTY OF DEATH		
In 24 haurs after death filled in by the funeral papers. Pagent and 2 hin 72 hours after geath	T.	aryland	U.S.A.	WIDOW			TAIDOT		Md.
급 를 없는	10.	TY OR TOWN OF DEATH	11 NAME OF HOSPITA	LOR INSTITUTION (	If not in hospital	120. USUAL OCC	JPAT ON (Kind of work done	125. KIND OF BUSI	NESS OR
e executed with	L	EASTON	give street oddress)	MEMOR.	IAL	Housek	working life, even if retired.)	INDUSTRY	
ecuted and campletely ave carbon y event, with	130	USUAL RESIDENCE (Where deceo	sed byed, if institut on Residence	before 13c CITY		INSIDE CITY L M TS7	13e. STREET AND NUMBER		
	lia	ission) STATE_ ryland	Caroline	Rid	gelv	(S) NO 🖵	None		
ate be exercian and collecter rema		FATHER'S NAME First	Middle	Las!	15 MOTHER'S MAID	EN NAME First	Middle	ţ,	Ost
be rain din		William 7	liller		Mary	Jane I	aniel		
are iciar and		WAS DECEASED EVER IN U.S. ARI	MED FORCES?  Vor or dates of service)  16b. SOCIAL SE	CURITY NO. 1	7. INFORMANT		Address		
Ag Sale		(es_no, or unknown) (f yes give a	218-07	7-7371	Ida Til	ller Ri	dgely. Mary	rland	
e death certhficate b attending physician permit. Then please an, ar remaval, and i		18 CAUSE OF DEATH (Enter or	ly one couse per line for (o), (b),	and (c)				APPROXIMATE I BETWEEN ONSET A	NTERVAL NO OFATU
data indire	L	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (o)	- T.	20				-011
ne death attendi permit. ian, ar r	ı	180 x	DUE TO, OR AS A CONSEQUE	NCE OF				6-110	that he de
t the the sit p	L	Conditions, if any, which gave		* ( ) TO O	e of	Commi	V		
hat n. ny ans	L	rise to immediate couse (a), stating the underlying couse.	DUE TO, OR AS A CONSEQUE	NCE OF					
ed the		lost.	(c)						
AN: The law requires that the death certificate be executed with all or attending physician.  Icate has been signed by the attending physician and camplefiely far use as the burnal-transit permit. Then please remaye carbon Health prior to burial, cremation, ar remayal, and in any event, with		PART 2. OTHER SIGNIFICANT CD	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL D	ISEASE OR CONDITI	ON GIVEN IN PART I(o)		
ng ng ta	22								
The law attendin has been se as the law the prior the law and the law and the law at law at the law at the law at law	CERTIFICATION	190 DATE DE OPERATION 196	CONDITION FOR WHICH OPERATION	WAS PERFORMED	20o AUTOPSY	<b>Y?</b>	20b IF YES, WERE FINDINGS (	ONSIDERED IN CERTIF	YING
Se afte	18				YES 🗀	NO 💢	CAUSES OF DEATH?		
AN: The law rall or attending trate has been for use as the Health prior to		216. ACCIDENT WAS UNDERLYIN		21c	HOW INJURY OCCUR	RED (Enter noture	of injury in Port 1 or Port 2,	Item 18.)	
ital de for	MEDICAL	OR CONTRIBUTING CAUSE OF DEA'		Year 19					
OR ATTENDING PHYSICIAN: be retained by the hospital or JIRECTOR: After this certificate e 3 shauld be detached far u ed with the State Dept. af Heol	¥.	21d INJURY OCCURRED   21e			LOCATION Street o	or R.F.D. No.	City or Town	County	State
this Per		While hot while of wark	fourte symme	TIL /			,		
ING Dy 1 Ter Ter Tate			s.haspital) attended the d	eceosed from.	3-1-	, 1969.	10_5//6, 19	69 , that (I)	(we) lost
ed be		saw the deceased a	live on 5 / 16	19_ <b>by</b> , c	and that in (mv)	(our) opinion (	leath acturred an the do	ite and haur and	fram the
TO Paint the		22b SIGNATURE	e, (i) (we) (did) (did not) vie	w the body diff	er death.		100-	DATE SIGNED	
REC 3 S	L	220 SIGNATURE 7/3	( bandolog	DI	ATTENDING	MED MED	STAFF C		
		22d. PHYSICIAN'S	· Como on		GREE PHYS  22e. ADDRES	DIRECTOR	PHYS L	5/19/69	
RAI De	L	NAME (Type)	Ambler 1	(_D					
Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-traascould be filed with the State Dept. af Health priar to burial, cre	230	BURIA, CREMATION 23b.		ME OF CEMETERY			TOCATION (City or Town)	(County) (S	lote)
- 2 - 5 W		DOMESTIC C )		ion	W-15 W-15 E 17975 - W-15 I			ryland	1010)
	24	FUNERAL DIRECTOR		DDRESS /	25	O REC'D BY REGIS	TRAR 2Sb REGISTRAR'S	SIGNATURE	
VR A13 /4) 45M - 17 69	4	IN EBRALONS	Morganolismo	mid	D	ATEMAY 2	1 1969 your	was freeze	L
			- T						



1/-	MARYLAND STATE DEPARTMENT OF HEALTH
-10	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07520  CERTIFICATE OF DEATH
death.	1. DECEASED NAME (Type ar print) Hildred Virginia Toms  1. DECEASED NAME (Type ar print) Hildred Virginia Toms  20. DATE OF DEATH  20. DATE OF DEATH  3. Manth 6 Day 1969
24 hours offer ad in b Teach	3 SEX Female  4 RACE S DATE OF BIRTH 8/7/1919 6 AGE (In years if Under 1 YEAR if Under 24 Hr.) 429 birthday) YRS. MONTHS DAYS PIGUES MIN
in 24 hou illed in by popers.	7a BIRTHPLACE (State at fareign country) Md.  7b. CITIZEN OF WHAT COUNTRY?  USA  B MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED 7albot  Md.
with with bon with with	10 CITY OR TOWN OF DEATH  Wittman  11 NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during to low of dane during to low of the last
be executed with	13a USUAL RESIDENCE (Where deceased lived if institution Residence before odmission) STATE Ma. 13b COUNTY / albot Wittman 13a Mission (TY LIMITS) 13e. STREET AND NUMBER
	14 FATHER'S NAME FIRST Middle Lost 15 MOTHER'S MAIDEN, NAME FYST Middle Lost Ora Marshall
physique en plea	16a. WAS DECEASED EVER IN B.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 216-40-4438 Stanley Toms, Easton, Md. Address Stanley Toms, Easton, Md.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physiqian director, page 3 shauld be detached for use as the burial-trans t permit. Then pleas should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and	APPROXIMATE INTRIA.  PART DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)
1: The law re or oftending te has been use as the aith prior to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?  21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, them 18.)
HYSICIAN: hospital or certificate ched for u	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year    Control of the control
Poge 4 may be retained by the hospital or FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. of Healt	While Nat while of wark   Nat wark   Nat while of wark   Nat
O HOSPITAL Poge 4 may O FUNERAL I director, pog should be fil	230. BURIAN CREMATION: 230. DATE / 1969 230 MINE OF EMPTERY OR CREMATORY 22d LOCATION (City or Toyon), Milounty) (State)
VR A1 04	24 FUNERAL DIRECTOR NAURICE E. NEWNAM & SON, Easton, Md. 250 REGISTRAR 25b. REGISTRAR'S SIGNATURE OMEAY 1 2 1969 Reclaration Question.



	1		A # P O A		S 201 W DESTANTINENT	BALTIMORE, MARYLAND 21201	
			07529	DIVISION OF THAL RECORD	CERTIFICATE OF DEA		07521
	. 2.	- h	DECEASED-NAME Firs	it Middle	Lost	20. DATE OF DEATH	
	the Party of the P	- [	(Type or print)			Month Do	y Year
	de de	Į,	SEX Per		Trusty	May 23	1969 5:15AM
	offer for the state of the stat	_ l°		4. RACE	S. DATE OF BIRTH	6. AGE (In years lost birthday)	JE JNDER 1 YEAR IS UNDER 24 HRS. MONTHS DAYS HOURS MIN
	Pag Trs (	-	Male	Colored	March 24.	1095 74 YRS.	
	in 24 hours after death. Filled in by the funeral papers. Pages 1 and 2 in A. Jours after death.		BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	野点 3		Maryland	U.S.A.	WIDOWED DIVORCED		Md.
	fille po	. }	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not in hospital 12	a. USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
	within 24 hours after death fely filled in by the funeral from papers. Pages 1 and 2, within A. Buys after death	Z.	Easton	give street address)	morial	ring most of working life, even if retired) Laborer	Pharmacy
		_ 1	11411 - 1 B B B B B B B B B B B B B B B B B		e 13c. C TY OR TOWN 13d INS	IDE CITY L MITS? 13e. STREET AND NUMBER	THATMACY
	executed within 24 hours after deat a campletely filled in by the funeral smore carban papers. Pages I and any event, within Astrony after deat	0	o USUAL RES DENCE (Where deceded Imposion) STATE Maryland	i v Queen Anne's	Centreville YES	NO 206 Little	(idwell
	the death certificate be execution the attending physician and camposite permit. Then please remover notion, or removal, and in any eventual.	ារី	FATHER'S NAME First	M dd e Lost	15 MOTHER'S MAIDEN I	NAME First Middle	Lost
	e a E		Charles	Trus		Catherine	Ringgold
	riar ciar eas	<u> </u>	IN WAS DECEASED EVER IN . S AR	MED FORCES? 166, SOCIAL SECURIT	Y NO 17 INFORMANT	Addron	
	is \$ 100 miles		Yes, pa. or unknown) 1 (* yes give	war or dates of service) 215-01-5	87 L Abo Posion	Im wantana 207 N T	entreville, Md.
	cert her her	F		inly ane cause per line for (a), (b), and (	OTT TAGE NOW ER	Jr., nephew, 227 N. I	APPROX MATE INTERVAL
	di di		PART I DEATH WAS CAUS	CD BY	27.1		BETWEEN ONSET AND DEATH
	dea rmit	- 1	, ) IMMED	IATE CAUSE (a)Bllateral_			7 days
	he a at per fian		Canditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE O			
0			rise to 1m mediate cause (a),	(b) rusu-upera	tive(splenectomy		5-15-69
1	Fig. V. B. S.		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	) (benign	gastric	
70	ires ysic ned nat- ial,		last.	(c) Massive GI	bleeding(ulcer		5-8-69
S	Physical Signature of the Physical Signature		PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBLE NG TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART I(a)	
	ing ing		No.	one			
	end end s be as	A.	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOPSY?	206. IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
	The att	A.			YES 🔲	NO CAUSES OF DEATH?	
	are are			NG 216 TIME OF INJURY	21c. HOW INJURY OCCURRED	(Enter nature of injury in Port 1 or Port 2,	Item 18)
	音音音音		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month Day Yes	or }9		,
	rasp cer che pt. (		21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f LOCATION Street or R I	FD. No City of Town	County State
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the haspital or attending physician.  (IRECTOR: After this certificate has been signed by the attending physician at a should be detached for use as the burial-transit permit. Then please red with the State Dept. of Health priar to burial, cremation, or removal, and the		While Not while at wark	OFFICE BUILDING, ETC.	/		,
	NG V Th e r		220   certify that (1) (th	ais haspital) attended the decer	sed from 5-9	19 69 to 5-23 10	69 that (I) (wa) last
	Aff Aff ab ab ab ab		saw the deceased	olive on 5-22	19 69, and that in (my) (au	, 19 <u>69</u> , to <u>5–23</u> , 19 ir) apinian death occurred on the do	te and haur and from the
	OR: aut		couses stated abov	e, (I) (we) (did) (did not) view th	e body after death.	., ., ., ., ., ., ., ., ., ., ., ., ., .	are and have one framing
	A S C S S	, [	DON CLONIATURE		M.D.	226	DATE SIGNED
	ed / See		R	obert W. Tren	DEGREE PHYS.	MED. STAFF G	-4-69
	A Page		22d. PHYS CIAN S		22e ADDRESS		7
	ER m		NAME (Type) Dr. Re	obert W. Trever, N	f.D. Easton	, Maryland	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectly Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditionarity, page 3 should be detached for use as the burial-transit permit. Then please remostantly be detached for use as the burial, crematian, or removal, and in any should be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any	2	g BURIAL CREMATION 23b		F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	Pad plan		REMOVAL (Specify) Rurial May				
	\ \ \ \ \ \	2	FUNERAL DIRECTOR	ADDRE	cerfield Cemetery	REC'D BY REGISTRAR 25b REGISTRAR'S	SIGNATURE
	VR A15	1	James H. Barton	Jr. entreville. Maryla	nata	JUN 5 1969 Action	reas Jacobsic
	4.	- A 100	MI GOLL DI USA C	SHIPTON TITLE THOS ATC	did.		// 8



	1		07530 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07522				
	funeral and 2 er death.		DECEASED-NAME First (Type or print) (MMA	M ddle	Tull	2a. DATE OF DEATH Manth Day	, Year 9 2b, Hour Carme
	urs after of the fundamental properties	)[	FEMALE 4. RA	WHITE	S. DATE OF BIRTH 3-5-9	6 psybirthday) YRS.	F UNDER 1 YEAR
	d in Dy the	(0	MD (vitre)	15A	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH TALBOT	Md.
	within 24 ely filled ban pape within 7		CITY OR YOWN OF DEATH EASTON		THE PINES THE	-ERHONE UPERA	126 KIND OF BUSINESS OR INDUSTRY
	completely cove carbar y event, w	, ad	ILL	COUNTY ALBOT	-77310N	OI 103 SUCAM	ORE AVE.
	ate be executed within 24 ican and completely filled i lease remove carban paper and in any event, within 72		FATHER'S NAME FIRST PHILIP CO	Middle Lost  OPER	15 MOTHER'S MAIDEN NAME	INE WILLIS	Lost
	e death certificate be-as attending physician and permit. Then please rem an, ar remayal, and in an	16	b. WAS DECEASED EVER IN U.S. ARMED FORCE Yes flor ocuminawn) (11 yes give wor or do les d	( service) 3/2-10-025	WM. W. TULL	EASTON, 10	APPROXIMATE INTERVAL
	leath ce ending mıt. Th ar rem		18. CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE	P Was a l	Congestive He	ail failure	BETWEEN ONSET AND GEATH
	requires that the death certificate be executed within 24 haurs after death g physician.  signed by the attending physician and completely filled in by the funeral surface by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon paper, pages I and 2 burial, crematian, ar remayal, and in any event, within 72 hours after death		Conditions, if any, which gave a rise to immediate couse (a),	(b) THE CONSEQUENCE OF	lerafic Hear	Distase	yps,
	equires the physician. signed by burial-tran		last.	(c)	DELAYED TO THE TENNING OF THE	CANATION	ļ r
27	ding phosen significant the but to bu	Not	PART 2. OTHER SIGNIFICANT CONDITIONS  190. DATE OF OPERATION 119b. CONDITIO	N FOR WHICH OPERATION WAS PERFO	adle aucora	0 // 0 1	_ 3 d c
7,	The law ratending ar attending e has been use as the	X CERTIFICATION	210. ACCIDENT WAS UNDERLYING 21	b TIME OF INJURY	YES NO	CAUSES OF DEATHS	
	SICIAN spital certifical need for the formal traffical t	MFDICAL (		DUR A.M. Manth Day Year P.M. 19			Caunty State
	ATENDING PHYSICIAN: stained by the haspital ar CTOR: After this certificate should be detached far u ith the State Dept. af Heaf		White Not while at work at work  22a. I certify that (1) (this hasp	COFFICE BUILDING, ETC.	116	3 ta 5/26 196	that (I) (we) last
	TTENDII ained by OR: Aft ould be		saw the deceased alive an causes stated abave (i) (w	re) (did) (did nat) view the ba	and that in (my) (qur) an	inian death accorred an the date	and haur and from the
	LOR A) be refunded by the control of		22b. SIGNATURE	u/1		MED. STAFF 22c. DA	28/69
	TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certific Page 4 may be retained by the haspital ar aftending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciance, page 3 should be detached for use as the burial-transit permit. Then poshauld be filled with the State Dept. of Health priar ta burial, crematian, ar remayal,		22d. PHYSICIAN'S NAME (Type) S. KR	ECH SP	22e. ADDRISS	-ASTON, 1	1,8
	5-5	23 1 1 2 3/4	BURIAL, CREMATION, 23b DATE REMOVAL (Specify) 5/3C FUNERAL DIRECTOR	1969 OXFO		23d LOCATION (City or Town)  OXFORD  BY REGISTRAR 25b. REGISTRAR'S SI	(County) (State)
	30M REV	N Y			VAMAY DAVINOTES	29 1969 /Charle	

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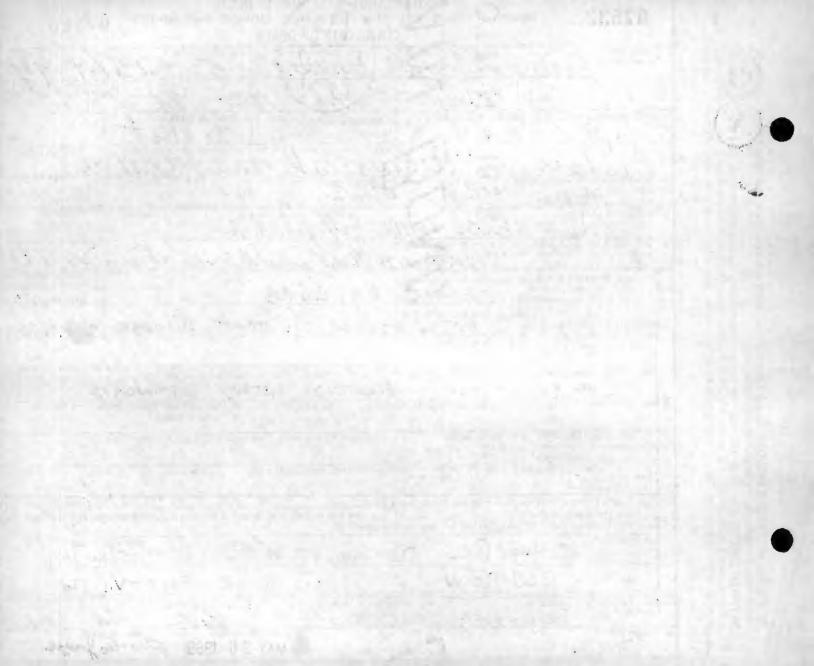
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		STATE DEPARTMENT OF HEA		
07531			PRE, MARYLAND 21201	07523
1 DECEASED NAME First (Type or print) Maude (	Lizabeth Whitby	East 2	DATE OF DEATH  5 Month 7 Day	1959 10 A.M
3. SEX Female	4. RACE White	5 DATE OF BIRTH 6/29/1887	6. AGE (In years lost (orthogy) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
70 BIRTHPLACE (State or foreign country) McL.	USA	WIDOWED DIVORCED	OUNTY OF DEATH Talbox	Md
Easton (rural,	give street oddress Co	ate dunid out	work ng/ fe, even if refired )	26 KIND OF BUSINESS OR INDUSTRY
admiss an) STATE Md.	ised Tved, if institut an Residence before 13b COUNTY Talbot	Faston YES NO X	13e STREET AND NUMBER	
William H. Wo			Middle <b>pin</b>	Lost
		49 Charles L. White	by, Jr. Easton,	Md.
PART I. DEATH WAS CAUSE	D BY	ailvre		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
410 -1 Canditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	inte Mys cardial	Interction	- 6 wks.
stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
	NDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE FERMINAL DISEASE OR COND	ITION GIVEN IN PART I(a)	
.9a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFO	RMED 20g. AUTOPSY?  YES \( \sum \) NO \( \sum \)	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	H HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (Effer nati	ure of injury in Part 1 or Part 2, It	em 18 )
21d. INJURY OCCURRED 21e. While Not while at work at wark	PLACE OF INJURY (AT HOME, FARM, STREET FACTOR OFFICE BUILDING, ETC.	Y) 21f LOCATION Street or R.F.D. No.	City or Town	County State
saw the deceased o	live on 5 / 6 195	7, and that in (my) (aur) opinion	, to, 19_ n death occurred on the dat	e and hour ond fram the
22b. SIGNATURE	and the second state of th	ATTENDING MED	STAFF C	ATE SIGNED 68
22d PHYSIC AN S NAME (Type)	KREEH JR	22e ADDRESS AS	TON, MA	
23a BURIAL, CREMATION, 23b 5/	PATE 230 NAME OF CEA	AETERY OR CREMATORY 23	Caston, Md.	(County) (Stote)
24 FUNERAL DIRECTOR NEW	ADDRESS	2Sa RECD BY RE	GISTRAR 256 REGISTRARS S	IGNATURE
	1 DECEASED-NAME (Type or print) Maude (Type	CECTASED-NAME (Type or print)   Maude Elizabeth (Whitby)	DEFRESE MAME (Type or pinn) Maude Elizabeth Whitby  3. SEX Female  4. RACE White 5. DATE OF BIRTH 6/29/1887  76. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? WISOWOOD BY THE COUNTY Mid.  10. CITY OR TOWN OF DEATH Caston rural 11. NAME OF HOSPITA. OR INSTITUTION (Finct in hospite) 220. LEAST OF BEATH WISOWOOD BY STREET OF BEATH 23. SEX Female  4. RACE White 5. DATE OF BIRTH 6/29/1887  76. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? WISOWOOD BY THE	DEFEASED-MANNE (Type or sorn)   Maude Elizabeth   Whitby





		1	MARYLAND STATE DEPARTMENT OF HEALTH					
	1	- 1	07533 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07525					
	•	CERTIFICATE OF DEATH						
	2 0 2	Ĩ.	DECEASED NAME First . O Middle Lost ) - 20. DATE OF DEATH	- lak ugun				
	and and see		(Type or print) (Tope of print) (Month ) Ray / Y	2b. HOUR				
	是一	3.	S. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years   IFUNDER	I YEAR I IF UNDER 24 HRS.				
	affer affer a saffer		S. DATE OF BIRTH  6. AGE (In years I FUNDER  1 SEX  MONTHS  VYS.	DAYS HOURS MIN.				
	A A A Suno	70	O. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WILLIAM AND TO 19. COUNTY OF DEATH O					
	表。		Maryland 4. N. a., WIDOWED DIVORCED TO COST	Md.				
	fill fill fill fill fill fill fill fill	10		(IND OF BUSINESS OR				
	within tely from the read of within	XL.	Tarmer Velue 7	Promise				
	The law requires that the death certificate be executed within attending physician. has been signed by the attending physician and campletely fill se as the burial-transit permit. Then please remave carban post the priar ta burial, crematian, or remaval, and in any event, within	00	30. USUAL RESIDENCE (Where deceased lived, if institutions Residence before drission) STATE More and 13b. COUNTY LOCAL CASELON YES NO WEST NO					
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	an an asse		Hours proceed the source course willis Singabers Vone					
	e death certificate to attending physician permit. Then please an, or remayal, and		Yes mood unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT. Address Of Service) 215-38-0176 March 200 B. Wielin Grafn.	red RO				
	G p Then		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL				
	ath ndir it.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEART FAILURE	TIMEN ONSET AND GEATH				
	erm erm in, c		412 3 DUE TO, OR AS A CONSEQUENCE OF	20 1700163				
	t the the sit p		Candificates, if any which gave ) APTED APTED APTED APTED APTED	WEADS				
	hat n. ny t ans		rise to immediate cause (a), (b) (11) PACTO SCUINCS (C) (b) (17) PACTO SCUINCS (C) (DUE TO, OR AS A CONSEQUENCE OF	Tranci.				
	equires the physician. signed by burial-tran burial-tran		lost. (c)					
m	appir ign ign uric		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
w	ng Ing		CHOIFCULTITIE CAPATIN APTERIL CTGALACIE					
10	law re nding been s the iarta	7 2	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERE	D IN CERTIFYING				
1/	The after has he a		190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERE CAUSES OF DEATH?  21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIRY 22b. HOW INITIDEY OF LIBRED. (Settle Dates of Initire is Death 2 and 2 december)					
	S. ar ar							
	YSICIAN: The lashing or attention of the draws or the draws or the draws or or or draws or or dealth prints.	DICAL	Greater Total North Control of the C					
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerpage 4 may be retained by the haspital or attending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditioning participates a should be detached for use as the burial-transit permit. Then please remastrated with the State Dept. of Health prior to burial, cremation, or remayal, and in any	AAG	21d. INJURY OCCURRED While Not while of work o	State				
	NG y th er t ate			that (i) (we) last				
	d by t After d be d e State	П	saw the deceased alive an 19 and that in (my) (aux) aninion death accurred on the date and	hour and from the				
	OR: TE	н	couses stated obave, (1) (we) (did) (did nat) view the body ofter deoth.	moor ond from the				
	With the Party of		226. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGN	(ED)				
	Page Page		DEGREE PHYS. DIRECTOR LI PHYS. LI 3/24	169				
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	1	22d. PHYSICIAN'S NAME (Type) CRWBAIN 220. ADDRESS 210 DOVER, EASTON,	ru.				
	UNI Beto	23	30 BURIAN CREMATION 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	y) (State)				
	Page of ship	1	REMOVAL (Specify) May v6 19/9 Are Les	Sal				
	- DAR	24	4. FUNERAT DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU	RE				
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- FEE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
- William	07534 CERTIFICATE OF DEATH	526
that the death certificate be executed within 24 haurs after death.  an.  by the attending physician and completely filled in by the for eral ransit permit. Then please remove carbon papers. Pages, I and 2 cremation, or removal, and in any event, within 72 haurs after death.	1. DECEASED-NAME (Type or print)  2a. DATE OF DEATH Month Say Ye  3. SEX  4. RACE  5. DATE OF BIRTH  6. AGE (In years last birthday)  7b. Cflizen OF WHAT COUNTRY?  6. AGE (In years last birthday)  7c. BIRTHPLACE (Stote or foreign country)  7c. BIRTHPLACE (Stote or foreign last birthday)  7b. Cflizen OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 120. USUAL OCCUPATION (Kind of wark dane during most of working life, even if retired.)  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.)  13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE  13b. COUNTY TALBOT FASHOR YES NO 12	OAYS HOURS MIN  Md.  ND OF BUSINESS OR
ertificate to exe physician and c hen please remo noval, and in any	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. grunknown) (11 yes give wat or dates of service)  214-12-6354  Version 15. MOTHER'S MAIDEN NAME First Middle  214-12-6354  Version 17. INFORMANT Address  Wilson	Last
Law requires tending physici is been signed as the burial.	The state of operation of couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  JIMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY?  20b. IF YES, WERE FINDINGS CONSIDERED	PPECOXIMATE INTERVAL TWEEN ONSET AND DEATH  D. IN CERTIFYING
NING PHYSICIAM: The by the haspital ar at the this certificate has be detached for use State Dept. af Health	HOUR A.M. Month Day Year 19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY)   21f. LOCATION Street ar R.F.D. No. City or Fown County While of work of work   22o.   certify that (I) (this haspital) attended, the deceased from \$\frac{1}{2}\$, and that in (may) (our) opinion death accurred and the date and causes stated above. (We) (did) (died-not) view the body after death.	Stote  that (I) (we) last nour and fram the
_ 00	22b. SIGNATURE  22c. SIGNATURE  22d. PHYS. DIRECTOR PHYS.  22d. PHYS. DIRECTOR PHYS.  22d. PHYS. DIRECTOR PHYS.  22d. ADDRESS ON, MD. 21601 5/14/  23d. BURIAL, CREMATON, 23b. DATE  23d. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (Gity or Town)  24d. FUNERAL DIRECTOR  25d. REGISTRAR 25b. R	(State)
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